

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Elise for Congress

ADDRESS (number and street)

PO Box 500

Check if different  
than previously  
reported. (ACC)

Willsboro

NY

12801

2. FEC IDENTIFICATION NUMBER ▼

C

C00547893

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

21

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James E. Morris

Signature of Treasurer

James E. Morris

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 165

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Elise for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	263376.08	906017.87
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	43.30
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	263376.08	905974.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	108631.83	423956.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	3500.83	14463.95
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	105131.00	409492.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	802496.96	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	49696.90	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 165

Write or Type Committee Name

Elise for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

## (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

87313.66

315481.50

(ii) Unitemized.....

22812.42

37491.42

(iii) TOTAL of contributions from individuals ▶

110126.08

352972.92

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

153250.00

553044.95

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

263376.08

906017.87

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

36877.45

157893.87

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

## 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

3500.83

14463.95

## 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

0.00

0.00

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

303754.36

1078375.69

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 165

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	108631.83	423956.27
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	35000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	35000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	43.30
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	43.30
21. OTHER DISBURSEMENTS .....	1500.00	2500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	110131.83	461499.57

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	608874.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	303754.36
25. SUBTOTAL (add Line 23 and Line 24).....	912628.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	110131.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	802496.96

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**NICHOLAS ALEXOS****A.**

Mailing Address 70 W MADISON

City

CHICAGO

State

IL

Zip Code

60602-4252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MADISON DEARBORN PARTNERS

Occupation

MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2015

**Transaction ID : SA11.5503**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NICOLAS VON GERSDORFF****B.**

Mailing Address 11806 MAYFIELD AVE APT 104

City

LOS ANGELES

State

CA

Zip Code

90049-7436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTHERN CALIFORNIA EDISON

Occupation

ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2015

**Transaction ID : SA11.5524**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JAMES W. GRINTER III****C.**

Mailing Address 2208 REGENCY PARK N

City

QUEENSBURY

State

NY

Zip Code

12804-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VA PRIMARY CARE CLINIC

Occupation

SOCIAL WORKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2015

**Transaction ID : SA11.5525**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**A. STEPHEN PODD**

Mailing Address 188 LAKE STREET

City	State	Zip Code
ROUSES POINT	NY	12979-1426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POWERTEX INC.Occupation  
PRESIDENT & CEO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2015

Transaction ID : SA11.5527

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. VICTOR PODD**

Mailing Address 24 COLLIGAN POINT ROAD

City	State	Zip Code
PLATTSBURGH	NY	12901-7112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POWERTEX INC.Occupation  
VICE PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2015

Transaction ID : SA11.5526

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ANDREA MCDANIEL SMITH**

Mailing Address 811 4TH STREET NW

City	State	Zip Code
WASHINGTON	DC	20001-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE ASPEN INSTITUTEOccupation  
FOUNDATION AND CORPORATE RELATION

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2015

Transaction ID : SA11.5574

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**A. ALEXANDER BENARD**

Mailing Address 1168 CHAIN BRIDGE RD

City	State	Zip Code
MCLEAN	VA	22101-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCHULZE GLOBAL INVESTMENTSOccupation  
COO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2015

Transaction ID : SA11.5575

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. PETER B. BENSINGER**

Mailing Address 600 MAYFLOWER ROAD

City	State	Zip Code
LAKE FOREST	IL	60045-2310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BENSINGER, DUPONT & ASSOCIATESOccupation  
BUSINESS EXECUTIVE

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : SA11.5552

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MARK BITZ**

Mailing Address 5949 AMBERWOOD DR

City	State	Zip Code
NAPLES	FL	34110-3315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTRAL NEW YORK FEEDS INCOccupation  
CEO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : SA11.5548

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**JOSE F. FANJUL JR**

Mailing Address 220 EL DORADO LANE

City

PALM BEACH

State

FL

Zip Code

33480-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FLORIDA CRYSTALS CORPORATION

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

Transaction ID : SA11.5557

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SAM GEDULDIG**Mailing Address 1101 K STREET, NW  
SUITE 650

City

WASHINGTON

State

DC

Zip Code

20005-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLARK, GEDULDIG, CRANFORD

Occupation

PARTNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

Transaction ID : SA11.5556

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

DEBT RETIREMENT GENERAL 2014 DEBT  
RETIREMENT

Full Name (Last, First, Middle Initial)

**E. L. GERSON**

Mailing Address PO BOX 11223

City

CHICAGO

State

IL

Zip Code

60611-0223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

Transaction ID : SA11.5553

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

A. Full Name (Last, First, Middle Initial)  
**DEBORAH G. GRAHAM**

Mailing Address 1032 CENTRAL AVE

City State Zip Code  
WILMETTE IL 60091-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOT EMPLOYEDOccupation  
NOT EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : SA11.5555

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**ANDREW HOCHBERG**

Mailing Address 77 S DEERE PARK DRIVE

City State Zip Code  
HIGHLAND PARK IL 60035-5370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOCHBERG REAL ESTATEOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : SA11.5554

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**ROBERT IOVINELLA**

Mailing Address 90 CAMPBELL ROAD

City State Zip Code  
SCHENECTADY NY 12306-6847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : SA11.5558

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**A. JAMES KOLBE**

Mailing Address 5418 E SIXTH ST

City	State	Zip Code
TUCSON	AZ	85711-2342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GERMAN MARSHALL FUNDOccupation  
SENIOR TRANSATLANTIC FELLOW

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : SA11.5530

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. COLLEEN J. LITKENHAUS**

Mailing Address 1121 D ST SE

City	State	Zip Code
WASHINGTON	DC	20003-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE DOW CHEMICAL COMPANYOccupation  
DIRECTOR-TRADE RELATIONS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : SA11.5532

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. RICHARD STEIN**

Mailing Address 1669 MARSHALL DRIVE

City	State	Zip Code
DES PLAINES	IL	60018-1840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ILLINOIS AUTO TRUCK CO, INCOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : SA11.5576

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

A. Full Name (Last, First, Middle Initial)  
**DANIEL W. STONE**

Mailing Address 402 COUNTY ROUTE 74A

City State Zip Code  
GREENWICH NY 12834-6019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHAZEN ENGINEERINGOccupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

Transaction ID : SA11.5549

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**WILEY REIN LLP**

Mailing Address 1776 K STREET NW

City State Zip Code  
WASHINGTON DC 20006-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

Transaction ID : SA11.5539

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)  
**DAVID GROSS**

Mailing Address 1776 K STREET NW

City State Zip Code  
WASHINGTON DC 20006-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

WILEY REIN LLP

PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

Transaction ID : SA11.5545

Amount of Each Receipt this Period

250.00

CONTRIBUTION

[MEMO ITEM]  
PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**PAUL LEAF****A.**

Mailing Address 8124 W. FLORENCE AVE.

City

PHOENIX

State

AZ

Zip Code

85043-1572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEYFARTH SHAW LLPOccupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2015

**Transaction ID : SA11.5584**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GARRY F. DOUGLAS****B.**

Mailing Address PO BOX 2773

City

PLATTSBURGH

State

NY

Zip Code

12901-0239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NRCCOccupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1075.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

**Transaction ID : SA11.5585**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ROSEMARY BECCHI****C.**

Mailing Address 37 HIGHLAND AVE

City

SHORT HILLS

State

NJ

Zip Code

07078-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCGUIRE WOODSOccupation  
PARTNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

**Transaction ID : SA11.5600**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

DEBT RETIREMENT 2014 GENERAL DEBT  
RETIREMENT**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RONALD J. GIDWITZ**

Mailing Address 200 SOUTH WACKER DRIVE  
SUITE 4000

City State Zip Code  
CHICAGO IL 60606-5821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GCG PARTNERS CO-FOUNDER

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2015

Transaction ID : SA11.5592

Amount of Each Receipt this Period

1000.00
---------

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD W. PORTER**

Mailing Address 875 BRYANT AVE

City State Zip Code  
WINNETKA IL 60093-1903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KIRKLAND & ELLIS ATTORNEY

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2015

Transaction ID : SA11.5595

Amount of Each Receipt this Period

1500.00
---------

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM COUCH**

Mailing Address 34866 FRENCH CREEK ROAD

City State Zip Code  
CLAYTON NY 13624-2274

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UBS FINANCIAL SERVICES WEALTH MANAGEMENT ADVISOR

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		05		2015

Transaction ID : SA11.5601

Amount of Each Receipt this Period

1000.00
---------

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

3500.00
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**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**MARK WLADIS****A.**Mailing Address **WLADIS LAW FIRM****P.O. BOX 245**

City

**SYRACUSE**

State

**NY**

Zip Code

**13214-0245**FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**WLADIS LAW FIRM**Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**630.51**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		07		2015

**Transaction ID : SA11.6311**

Amount of Each Receipt this Period

**630.51**

CONTRIBUTION

INKIND- POSTAGE/PRINTING

Full Name (Last, First, Middle Initial)

**CASEY SPIEGEL****B.**Mailing Address **568 ROUTE 3**

City

**PLATTSBURGH**

State

**NY**

Zip Code

**12901-6526**FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**LAKE CITY CHOPPERS, INC.**Occupation  
**POWER SPORTS DEALER**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		10		2015

**Transaction ID : SA11.5602**

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SARAH COSTANZA****C.**Mailing Address **30 RIVER COURT**

City

**JERSEY CITY**

State

**NJ**

Zip Code

**07310-2101**FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**THE GUARDIAN LIFE INSURANCE COMPANY**Occupation  
**2ND VP, CHIEF OF STAFF TO THE PRESIDE**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		11		2015

**Transaction ID : SA11.5603**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**1180.51**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT EBERLE**

Mailing Address P.O. BOX 1766

City State Zip Code  
PLATTSBURGH NY 12901-0240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CVPH ANESTHESIOLOGIST

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		11		2015

Transaction ID : SA11.5604

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KIM BANTER**

Mailing Address 6827 PATRICIA DRIVE

City State Zip Code  
W PALM BEACH FL 33413-3432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST. MARY'S HOSPITAL RN/DIRECTOR NICU

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5625

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LARRY W. JEFFORDS**

Mailing Address 1646 LAKE SHORE RD

City State Zip Code  
CHAZY NY 12921-3410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JEFFORDS STEEL & ENGINEERING CO. OWNER

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5617

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**JENNIFER LAMBERTON-BECHTOL**

Mailing Address 545 LAKE SHORE RD

City

WEST. CHAZY

State

NY

Zip Code

12992-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PLATTSBURGH HOUSING AUTHORITY

Occupation

HOUSING ASSISTANCE SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5618

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. BEN MOORE III**

Mailing Address 7803 RAVENSWOOD LANE

City

MANLIUS

State

NY

Zip Code

13104-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIVER HOSPITAL

Occupation

ADMINISTRATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5610

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. RAYMOND SMITH**

Mailing Address 42901 STAE RT 12

City

ALEXANDRIA BAY

State

NY

Zip Code

13607-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5609

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2300.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**RONALD THOMSON**

Mailing Address P.O. BOX 398

City

ALEXANDRIA BAY

State

NY

Zip Code

13607-0398

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNCLE SAM BOAT TOURS INC.

Occupation

PASSENGER VESSEL BUSINESS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5629

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**AMY WHITMAN**

Mailing Address 84 COOPER DRIVE

City

PLATTSBURGH

State

NY

Zip Code

12901-5304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF VERMONT MEDICAL CENTE

Occupation

NURSE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5624

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GHAZAL & ASSOCIATES LLC**

Mailing Address 300 NEW JERSEY AVE NW STE 900

City

WASHINGTON

State

DC

Zip Code

20001-2271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5605

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>JAY GHAZAL</b>		Date of Receipt M M / D D / Y Y Y Y <b>08 / 14 / 2015</b>
Mailing Address <b>300 NEW JERSEY AVE NW</b> <b>SUITE 900</b>		<b>Transaction ID : SA11.5608</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20001-2271</b>		Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer <b>GHAZAL &amp; ASSOCIATES LLC</b>	Occupation <b>PARTNER</b>	<b>[MEMO ITEM] PARTNERSHIP ATTRIBUTION</b>
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>STEVEN DAVIS</b>		Date of Receipt M M / D D / Y Y Y Y <b>08 / 16 / 2015</b>
Mailing Address <b>64 WEST SHORE DR</b>		<b>Transaction ID : SA11.5631</b>
City <b>PUTNAM VALLEY</b>	State <b>NY</b>	
Zip Code <b>10579-1930</b>		Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer <b>EFTN</b>	Occupation <b>CEO</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>WILLIAM C. COUCH</b>		Date of Receipt M M / D D / Y Y Y Y <b>08 / 21 / 2015</b>
Mailing Address <b>151 TENEYCK STREET</b>		<b>Transaction ID : SA11.5641</b>
City <b>WATERTOWN</b>	State <b>NY</b>	
Zip Code <b>13601-3926</b>		Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

ERIC DELAGARZA

A.

Mailing Address 852 IVES STREET

City

WATERTOWN

State

NY

Zip Code

13601-4256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UBS FINANCIAL SERVICES

Occupation

WEALTH ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		21		2015

Transaction ID : SA11.5643

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PHILLIP H. MORSE

B.

Mailing Address 290 LOCHA DRIVE

City

JUPITER

State

FL

Zip Code

33458-7733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		21		2015

Transaction ID : SA11.5634

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PATRICK MURNANE

C.

Mailing Address 1 POINT VIEW TERRACE

City

PLATTSBURGH

State

NY

Zip Code

12901-1746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MURNANE BUILDING CONTRACTORS, INC.

Occupation

CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		21		2015

Transaction ID : SA11.5632

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**JOHN M. PEACH**

Mailing Address 366 GALLUP RD

City

PRINCETON

State

NJ

Zip Code

08540-7308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2015

Transaction ID : SA11.5637

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SANDRA ROSACRANS**

Mailing Address 5030 CONSTITUTION LANE

City

LIVERPOOL

State

NY

Zip Code

13088-5872

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CITY ELECTRIC CO. INC

Occupation

PRESIDENT/OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2015

Transaction ID : SA11.5642

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOSEPH W. RUSSELL**

Mailing Address 50682 RUSSELL TRACT

City

ALEXANDRIA BAY

State

NY

Zip Code

13607-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MENTER, RUDIN &amp; TRIVELPIECE PC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2015

Transaction ID : SA11.5640

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**A. JUSTIN TAYLOR**

Mailing Address 38305 MONTROIS LANE

City	State	Zip Code
CLAYTON	NY	13624-2239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOWN OF CLAYTONOccupation  
SUPERVISOR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		21		2015

Transaction ID : SA11.5635

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. LARRY RICHARDSON**

Mailing Address 133 DARROCH RD

City	State	Zip Code
DELMAR	NY	12054-3825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REENERGY HOLDINGS LLCOccupation  
CEO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		24		2015

Transaction ID : SA11.5644

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. WILLIAM COUCH**

Mailing Address 34866 FRENCH CREEK ROAD

City	State	Zip Code
CLAYTON	NY	13624-2274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UBS FINANCIAL SERVICESOccupation  
WEALTH MANAGEMENT ADVISOR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		26		2015

Transaction ID : SA11.5650

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**MATTHEW HARDY****A.**

Mailing Address P.O. BOX 3

City

WELLESLEY ISLAND

State

NY

Zip Code

13640-0003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BELLA'S

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		26		2015

**Transaction ID : SA11.5648**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NORMAN SNYDER****B.**

Mailing Address 88 GREY ROCKS ROAD

City

WILTON

State

CT

Zip Code

06897-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AVITAE USA LLC

Occupation

PRESIDENT AND CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		26		2015

**Transaction ID : SA11.5646**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ROBERT TOOLE****C.**

Mailing Address 4469 WINDING CREEK ROAD

City

MAMLIUS

State

NY

Zip Code

13104-8347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KONA HR

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		26		2015

**Transaction ID : SA11.5645**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**A. MICHAEL T. BITTEL**

Mailing Address 429 NORTH ROAD

City	State	Zip Code
GREENWICH	NY	12834-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KING ARTHUR FLOUROccupation  
SVP/GM

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11.5671

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. RUSSELL L. CARSON**

Mailing Address 930 FIFTH AVE

City	State	Zip Code
NEW YORK	NY	10021-2651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WELSH CARSON ANDERSON & STOWEOccupation  
CO-FOUNDER/PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11.5657

Amount of Each Receipt this Period

5400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. RUSSELL L. CARSON**

Mailing Address 930 FIFTH AVE

City	State	Zip Code
NEW YORK	NY	10021-2651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WELSH CARSON ANDERSON & STOWEOccupation  
CO-FOUNDER/PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11.5657B

Amount of Each Receipt this Period

-2700.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**RUSSELL L. CARSON****A.**

Mailing Address 930 FIFTH AVE

City

NEW YORK

State

NY

Zip Code

10021-2651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WELSH CARSON ANDERSON &amp; STOWE

Occupation

CO-FOUNDER/PARTNER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

**Transaction ID : SA11.5660**

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

**[MEMO ITEM]**

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

**GEORGE T. CORRIGAN JR.****B.**

Mailing Address 45 W 60TH ST APT 6D

City

NEW YORK

State

NY

Zip Code

10023-7950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GEORGE CORRIGAN CONSULTING

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

**Transaction ID : SA11.5652**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TIM DILLON****C.**

Mailing Address 758 WEST END RD.

City

LITTLE FALLS

State

NY

Zip Code

13365-6816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TIOGA CONSTRUCTION CO., INC

Occupation

CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

**Transaction ID : SA11.5667**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**MATTHEW J. JONES****A.**

Mailing Address 2 VICTORIA LN.

City

SARATOGA SPRINGS

State

NY

Zip Code

12866-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

**Transaction ID : SA11.5663**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FRANCIS J. MENTON****B.**

Mailing Address 302A WEST 12TH STREET, #367

City

NEW YORK

State

NY

Zip Code

10014-7906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WILLKIE FARR &amp; GALLAGHER

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

**Transaction ID : SA11.5654**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**STEPHENS M. MUNDY****C.**

Mailing Address 42 SPITFIRE DRIVE

City

PLATTSBURGH

State

NY

Zip Code

12901-8521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CPI/CVPH MEDICAL CENTER

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

**Transaction ID : SA11.5664**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**ROBERT A. ROSS****A.**

Mailing Address PO BOX 1012

City

SARANAC LAKE

State

NY

Zip Code

12983-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. JOSEPH'S ADDICTION TREATMENT

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		28		2015

**Transaction ID : SA11.6132A**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

CHARGED BACK \$1,000.00 ON 08/31/2015

Full Name (Last, First, Middle Initial)

**MARGARET C. SPIEGEL****B.**

Mailing Address 154 BLUFF POINT DRIVE

City

PLATTSBURGH

State

NY

Zip Code

12901-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		28		2015

**Transaction ID : SA11.5669**

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ALFRED SPECTOR****C.**

Mailing Address 45 IDEN AVENUE

City

PELHAM

State

NY

Zip Code

10803-2113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CONSULTANT

Occupation

COMPUTER SCIENTIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		29		2015

**Transaction ID : SA11.5672**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1800.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

ROBERT A. ROSS

A.

Mailing Address PO BOX 1012

City

SARANAC LAKE

State

NY

Zip Code

12983-1012

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JOSEPH'S ADDICTION TREATMENT

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : SA11.6132B

Amount of Each Receipt this Period

-1000.00

CONTRIBUTION

CHARGED BACK

Full Name (Last, First, Middle Initial)

KEN BLANKENBUSH

B.

Mailing Address 102 WENDELL LANE

City

BLACK RIVER

State

NY

Zip Code

13612-2111

FEC ID number of contributing federal political committee.

C

Name of Employer

NY ASSEMBLY

Occupation

ASSEMBLYMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : SA11.5680

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMAS H. CARMAN

C.

Mailing Address 322 FLOWER AVENUE WEST

City

WATERTOWN

State

NY

Zip Code

13601-

FEC ID number of contributing federal political committee.

C

Name of Employer

SAMARITAN MEDICAL CENTER

Occupation

PRESIDENT/CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : SA11.5690

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**PAUL J. DIFABION JR.**

Mailing Address 1201 LACHENAUER DRIVE

City

WATERTOWN

State

NY

Zip Code

13601-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BENEFIT SERVICES GROUPOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		04		2015

Transaction ID : SA11.5688

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JEFFREY E. GRAHAM**

Mailing Address 557 PEARL STREET

City

WATERTOWN

State

NY

Zip Code

13601-2108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
PEARL STREET PUB

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		04		2015

Transaction ID : SA11.5678

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JO ANN SCHWALM**

Mailing Address 5983 SE MORNING DOVE WAY

City

HOBE SOUND

State

FL

Zip Code

33455-8021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		04		2015

Transaction ID : SA11.5676

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

CAROL L. WRIGHT

A.

Mailing Address 522 WELDON DRIVE A-4

City

WATERTOWN

State

NY

Zip Code

13601-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : SA11.5684

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. PETER J. ZEGARELLI

B.

Mailing Address 21 RIDGE ST

City

SLEEPY HOLLOW

State

NY

Zip Code

10591-1712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

DENTIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : SA11.5673

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

GEORGE C. COUCH

C.

Mailing Address 24670 COUNTY ROUTE 159

City

WATERTOWN

State

NY

Zip Code

13601-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Transaction ID : SA11.5699

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 30 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**GREGORY G. COUCH**

Mailing Address 24082 SPRING VALLEY DR

City

WATERTOWN

State

NY

Zip Code

13601-5716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UBS WEALTH MANAGEMENT

Occupation

FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Transaction ID : SA11.5698

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

**RICHARD MACSHERRY**

Mailing Address 33071 COUNTY RT. 6

City

CAPE VINCENT

State

NY

Zip Code

13618-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOSPITAL ADMINISTRATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Transaction ID : SA11.5700

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

**EDWARD C. MCNALLY**

Mailing Address 2312 BERWICK COURT UNIT 102

City

NAPLES

State

FL

Zip Code

34105-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Transaction ID : SA11.5696

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PETER S. PIKE SR.**

Mailing Address 25579 E GOTHAM RD

City State Zip Code  
WATERTOWN NY 13601-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

Transaction ID : SA11.5701

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PAUL J. REGAN JR.**

Mailing Address PO BOX 120

City State Zip Code  
WELLESLEY ISLAND NY 13640-0120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

Transaction ID : SA11.5695

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD A. BERNSTEIN**

Mailing Address 18 ROCKLEDGE RD

City State Zip Code  
RYE NY 10580-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		09		2015

Transaction ID : SA11.5762

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 32 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

SUSAN J. DAVIS

A.

Mailing Address 11096 PERRY ROAD

City

PAVILION

State

NY

Zip Code

14525-9100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2015

Transaction ID : SA11.5779

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JON GREENWOOD

B.

Mailing Address 1087 STATE HWY 310

City

CANTON

State

NY

Zip Code

13617-3378

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

DAIRY FARMER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2015

Transaction ID : SA11.5740

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES W. GRINTER III

C.

Mailing Address 2208 REGENCY PARK N

City

QUEENSBURY

State

NY

Zip Code

12804-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VA PRIMARY CARE CLINIC

Occupation

SOCIAL WORKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2015

Transaction ID : SA11.5743

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL B. MUKASEY**

Mailing Address 210 E 68TH ST APT. 10B

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10065-6022</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>INFORMATION REQUESTED PER BEST EFF</b>	Occupation <b>INFORMATION REQUESTED PER BEST EFF</b>
---	---

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2015

**Transaction ID : SA11.5715**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN K. RIFENBURG**

Mailing Address 129 DATER HILL RD

City <b>TROY</b>	State <b>NY</b>	Zip Code <b>12180-</b>
---------------------	--------------------	---------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RIFENBURG CONTRACTING</b>	Occupation <b>PRESIDENT</b>
--	--------------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2015

**Transaction ID : SA11.5739**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BETTY ROBINSON**

Mailing Address PO BOX 2

City <b>EDMESTON</b>	State <b>NY</b>	Zip Code <b>13335-</b>
-------------------------	--------------------	---------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2015

**Transaction ID : SA11.5727**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 165

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

A. Full Name (Last, First, Middle Initial)  
**FREDA P. SOLOMON**

Mailing Address **23 NORTH ROAD**

City State Zip Code  
**QUEENSBURY NY 12804-2034**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DAVIES & ASSOCIATES REAL ESTATE, LLC**

Occupation  
**REALTOR**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**300.00**

Date of Receipt

**09 / 09 / 2015**

Transaction ID : **SA11.5736**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**CHAD B. SOPER**

Mailing Address **3653 STATE HIGHWAY 58**

City State Zip Code  
**GOVERNEUR NY 13642-3359**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COOKE SAND AND GRAVEL**

Occupation  
**OWNER**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

**09 / 09 / 2015**

Transaction ID : **SA11.5710**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**MR. WILLIAM J. CROMIE MD**

Mailing Address **22 ST. AGNES LANE**

City State Zip Code  
**ALBANY NY 12211-2058**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

**09 / 11 / 2015**

Transaction ID : **SA11.5808**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**600.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>NEIL M. GOLUB</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>11</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		11		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
09		11		2015									
Mailing Address 1021 ROSENDALE ROAD		<b>Transaction ID : SA11.5887</b>											
City SCHENECTADY	State NY	Zip Code 12309-	Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> CONTRIBUTION	250.00									
250.00													
FEC ID number of contributing federal political committee. C													
Name of Employer GOLUB CORPORATION	Occupation EXECUTIVE CHAIRMAN												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00										
250.00													
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SCOTT M. HORTON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>11</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		11		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
09		11		2015									
Mailing Address P.O. BOX 742		<b>Transaction ID : SA11.5814</b>											
City CAROGA LAKE	State NY	Zip Code 12032-0742	Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> CONTRIBUTION	500.00									
500.00													
FEC ID number of contributing federal political committee. C													
Name of Employer CORRELL CONTRACTING CORP	Occupation OWNER												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00										
1000.00													
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DAWN W. JUDKINS</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>11</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		11		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
09		11		2015									
Mailing Address 286 BUTLER POND ROAD		<b>Transaction ID : SA11.5858</b>											
City QUEENSBURY	State NY	Zip Code 12804-8228	Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> CONTRIBUTION	250.00									
250.00													
FEC ID number of contributing federal political committee. C													
Name of Employer N/A	Occupation STUDENT												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00										
250.00													
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00									
1000.00													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td></td> </tr> </table>											

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 36 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**RAYMOND MEIER**

Mailing Address 8600 ELMER HILL ROAD

City

ROME

State

NY

Zip Code

13440-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOND, SCHOENECK &amp; KING, PLLC

Occupation

LAWYER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : SA11.5903

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MARY MITCHELL**

Mailing Address 15 MITCHELL LANE

City

TUPPER LAKE

State

NY

Zip Code

12986-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MITCHELL LOGGING

Occupation

PARTNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : SA11.5883

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ERIC MOWER**

Mailing Address 211 WEST JEFFERSON STREET

City

SYRACUSE

State

NY

Zip Code

13202-2455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ERIC MOWER + ASSOCIATES

Occupation

BUSINESS EXECUTIVE

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : SA11.5900

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DAVID C. TURNER</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2015	
Mailing Address 319 STANDISH DR			<b>Transaction ID : SA11.5899</b>	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
SYRACUSE	NY	13224-	CONTRIBUTION	
FEC ID number of contributing federal political committee.		C		
Name of Employer OSWEGO COUNTY DEPARTMENT OF COMM		Occupation DIRECTOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JEFFREY STRUNK</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2015	
Mailing Address 3231 RITTENHOUSE ST, NW			<b>Transaction ID : SA11.5906</b>	
City	State	Zip Code	Amount of Each Receipt this Period 500.00	
WASHINGTON	DC	20015-1678	CONTRIBUTION	
FEC ID number of contributing federal political committee.		C		
Name of Employer FORBES TATE		Occupation LOBBYIST		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ROBERT E. JACOBY</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2015	
Mailing Address 8 SPRINGHOUSE ROAD			<b>Transaction ID : SA11.5918</b>	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00	
SLOATSBURG	NY	10974-2646	CONTRIBUTION	
FEC ID number of contributing federal political committee.		C		
Name of Employer INFORMATION REQUESTED PER BEST EFFC		Occupation INFORMATION REQUESTED PER BEST EFFC		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			1750.00	
<b>TOTAL</b> This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 38 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**SHARON L. LANTZ****A.**

Mailing Address 13 ANYHOW LANE

City

GANSEVOORT

State

NY

Zip Code

12831-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

**Transaction ID : SA11.5928**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FATON MARKE****B.**

Mailing Address 275 BENNETT AVE

City

STATEN ISLAND

State

NY

Zip Code

10312-4057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BENJAMIN CONSTRUCTION

Occupation

BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

**Transaction ID : SA11.5944**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FRITZ SCHAEFER****C.**

Mailing Address 691 DEER PARK ROAD

City

DIX HILLS

State

NY

Zip Code

11746-6201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

**Transaction ID : SA11.6029**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 39 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

FRED C. FREIJE

A.

Mailing Address 23 CHERYL CT

City

TROY

State

NY

Zip Code

12180-7008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : SA11.6057

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAVID T. GRIFFIN

B.

Mailing Address 134 PARIS ROAD

City

NEW HARTFORD

State

NY

Zip Code

13413-2441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : SA11.6063

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAVID NOLAN

C.

Mailing Address 105 E 80TH STREET

City

NEW YORK

State

NY

Zip Code

10075-0305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : SA11.6051

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 165

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>TIM DILLON</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2015
Mailing Address 758 WEST END RD.			Transaction ID : SA11.6066
City LITTLE FALLS	State NY	Zip Code 13365-6816	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer TIOGA CONSTRUCTION CO., INC	Occupation CONTRACTOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) <b>MICHELLE DIMAROB</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2015
Mailing Address 26 WEST DEL RAY AVE			Transaction ID : SA11.6069
City ALEXANDRIA	State VA	Zip Code 22301-1524	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer ALTRIA	Occupation DIRECTOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) <b>DENNIS MASTASCUSA</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2015
Mailing Address 7557 SOUTH STATE STREET			Transaction ID : SA11.6067
City LOWVILLE	State NY	Zip Code 13367-1512	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer NATIONAL ABSTRACT	Occupation MANAGER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 41 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**RAY ALEY****A.**

Mailing Address 222 LOST COVE RD

City

COLCHESTER

State

VT

Zip Code

05446-7786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WHITE MANAGEMENT CORP

Occupation

RESTAURANTEUR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

**Transaction ID : SA11.6104**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOHN DOLDO III****B.**

Mailing Address 439 HARRIS DR

City

WATERTOWN

State

NY

Zip Code

13601-4205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JONES &amp; DOLDO AGENCY

Occupation

INSURANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

**Transaction ID : SA11.6078**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MICHAEL GOLD****C.**

Mailing Address 13 PROSPECT PL

City

SUFFERN

State

NY

Zip Code

10901-6113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GOLD FAMILY NETWORKS

Occupation

CEO AND FOUNDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

**Transaction ID : SA11.6073**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 42 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**MARK PURCELL**

Mailing Address 566 COFFEEN ST

City

WATERTOWN

State

NY

Zip Code

13601-2685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PURCELL CONSTRUCTIONOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Transaction ID : SA11.6129

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JC SCOTT**

Mailing Address 3118 MILITARY ROAD

City

ARLINGTON

State

VA

Zip Code

22207-4136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADVAMEDOccupation  
SENIOR EXECUTIVE VP

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Transaction ID : SA11.6115

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NORMAN SNYDER**

Mailing Address 88 GREY ROCKS ROAD

City

WILTON

State

CT

Zip Code

06897-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AVITAE USA LLCOccupation  
PRESIDENT AND CEO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Transaction ID : SA11.6121

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 43 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**WILLIAM MURPHY****A.**

Mailing Address 1158 CEDAR RIVER ROAD

City

INDIAN LAKE

State

NY

Zip Code

12842-2512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROTECH AUDIO CORPORATION

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

**Transaction ID : SA11.6134**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MELISSA BENNETT****B.**

Mailing Address 14 WEST OAK STREET

City

ALEXANDRIA

State

VA

Zip Code

22301-2518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GEORGETOWN UNIVERSITY

Occupation

DIRECTOR OF EVENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

**Transaction ID : SA11.6229**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. WILLIAM Y. CROWELL III****C.**

Mailing Address 20 HOLLY LANE

City

LAKE GEORGE

State

NY

Zip Code

12845-5124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WHITEMAN OSTERMAN &amp; HANNA LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

**Transaction ID : SA11.6214**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 44 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

JOSHUA HARLAN

A.

Mailing Address 28 EAST 73RD STREET

City

NEW YORK

State

NY

Zip Code

10021-4143

FEC ID number of contributing federal political committee.

C

Name of Employer

HARLAN CAPITAL PARTNERS

Occupation

MANAGING MEMBER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA11.6136

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JASON JURGENS

B.

Mailing Address 30 WEST 63RD STREET, #6J

City

NEW YORK

State

NY

Zip Code

10023-7109

FEC ID number of contributing federal political committee.

C

Name of Employer

JONES DAY

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA11.6227

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KIRSTEN CHADWICK

C.

Mailing Address 601 PRESIDENT FORD LANE

City

ALEXANDRIA

State

VA

Zip Code

22302-3033

FEC ID number of contributing federal political committee.

C

Name of Employer

FIERCE, ISAKOWITZ &amp; BLALOCK

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11.6249

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 45 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**DAVID DONOHUE**

A.

Mailing Address 2 CROWN POINT

City

BALLSTON LAKE

State

NY

Zip Code

12019-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NYS WORKERS COMP BOARD

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

656.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.6242

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JAMES D. DURANTE**

B.

Mailing Address PO BOX 183

City

LAKE GEORGE

State

NY

Zip Code

12845-0183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HALLMARK OPERATING INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1689.75

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.6310

Amount of Each Receipt this Period

539.75

CONTRIBUTION

INKIND- FOOD/BEVERAGES

Full Name (Last, First, Middle Initial)

**RICKY FRASIER**

C.

Mailing Address 131 ENTERPRISE RD

City

JOHNSTOWN

State

NY

Zip Code

12095-3326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

QUALITY HEARING LLC

Occupation

HEARING AIDS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.6236

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1639.75

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 46 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**WILLIAM B. HOTALING****A.**

Mailing Address 125 QUASSAICK AVE

City

NEW WINDSOR

State

NY

Zip Code

12553-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.6321

Amount of Each Receipt this Period

400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NORMAN F. LENT III****B.**

Mailing Address 3529 MALVERN COURT

City

ALEXANDRIA

State

VA

Zip Code

22304-1852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARENT FOX LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.6264

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ART LUSSI****C.**

Mailing Address 166 AVERYVILLE LANE

City

LAKE PLACID

State

NY

Zip Code

12946-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAKE PLACID VACATION CORPORATION

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1043.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.6309

Amount of Each Receipt this Period

743.40

CONTRIBUTION

INKIND- FOOD/BEVERAGES

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1643.40

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 47 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

THOMAS J. MURPHY

A.

Mailing Address 186 HUDSON POINTE BLVD

City

QUEENSBURY

State

NY

Zip Code

12804-6415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GFNS

Occupation

BANKING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.6234

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROGER SOFER

B.

Mailing Address 2700 POST OAK BLVD

City

HOUSTON

State

TX

Zip Code

77056-5784

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOFER STEINER&amp; ASSOC. LLP

Occupation

FINANCIAL PLANNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.6230

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JEAN S. STURTZ

C.

Mailing Address 204 TEN EYCK ST

City

WATERTOWN

State

NY

Zip Code

13601-3987

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.6293

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

87313.66

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 48 OF 165

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**AETNA INC. PAC**

Mailing Address 20 F STREETNW SUITE 350

City  
WASHINGTONState  
DCZip Code  
20001-6706FEC ID number of contributing  
federal political committee.**C** C00181826

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

Transaction ID : SA11.5572

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. AMERICAN HOTEL & LODGING PAC (HOTEL PAC)**Mailing Address 1201 NEW YORK AVENUE, NW  
SIXTH FLOORCity  
WASHINGTONState  
DCZip Code  
20005-3917FEC ID number of contributing  
federal political committee.**C** C00001198

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

Transaction ID : SA11.5542

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. AMERICAN VETERINARY MEDICAL ASSOCIATION PAC**

Mailing Address 1910 SUNDERLAND PLACE, NW

City  
WASHINGTONState  
DCZip Code  
20036-1608FEC ID number of contributing  
federal political committee.**C** C00114132

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

Transaction ID : SA11.5544

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 165

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**FREEDOM AND SECURITY PAC**

Mailing Address 228 S. WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314-5404

FEC ID number of contributing  
federal political committee.**C** C00437061

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

**Transaction ID : SA11.5570**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL PAC**

Mailing Address 101 CONSTITUTION AVE NW SUITE 500

City	State	Zip Code
WASHINGTON	DC	20001-2133

FEC ID number of contributing  
federal political committee.**C** C00096156

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

9999.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

**Transaction ID : SA11.5537**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN S FUND**

Mailing Address PO BOX 853

City	State	Zip Code
EDWARDSVILLE	IL	62025-0853

FEC ID number of contributing  
federal political committee.**C** C00390831

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

**Transaction ID : SA11.5571**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC. PAC**

Mailing Address 600 14TH ST NW SUITE 800

City	State	Zip Code
WASHINGTON	DC	20005-2099

FEC ID number of contributing  
federal political committee.**C** C00236489

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	17	/	2015

**Transaction ID : SA11.5529**

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC. PAC**

Mailing Address 600 14TH ST NW SUITE 800

City	State	Zip Code
WASHINGTON	DC	20005-2099

FEC ID number of contributing  
federal political committee.**C** C00236489

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	17	/	2015

**Transaction ID : SA11.5546**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LAND O'LAKES PAC**

Mailing Address P.O. BOX 64101

City	State	Zip Code
ST. PAUL	MN	55164-0101

FEC ID number of contributing  
federal political committee.**C** C00009423

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	17	/	2015

**Transaction ID : SA11.5541**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

10000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 OF 165

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**LOCKHEED MARTIN CORPORATION EMPLOYEE'S PAC**

Mailing Address 2121 CRYSTAL DRIVE SUITE 100

City State Zip Code  
ARLINGTON VA 22202-3706

FEC ID number of contributing  
federal political committee.

**C** C00303024

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

7000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 17 2015

Transaction ID : SA11.5533

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**LOCKHEED MARTIN CORPORATION EMPLOYEE'S PAC**

Mailing Address 2121 CRYSTAL DRIVE SUITE 100

City State Zip Code  
ARLINGTON VA 22202-3706

FEC ID number of contributing  
federal political committee.

**C** C00303024

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

7000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 17 2015

Transaction ID : SA11.5534

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MCGRAW HILL FINANCIAL PAC**

Mailing Address 1221 AVENUE OF THE AMERICAS

City State Zip Code  
NEW YORK NY 10020-1001

FEC ID number of contributing  
federal political committee.

**C** C00494682

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 17 2015

Transaction ID : SA11.5551

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**MORE CONSERVATIVES PAC (MC PAC)**

Mailing Address 228 S. WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314-5404

FEC ID number of contributing  
federal political committee.

**C** C00540187

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SA11.5569

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS PAC**

Mailing Address 2901 TELESTAR CT

City	State	Zip Code
FALLS CHURCH	VA	22042-1260

FEC ID number of contributing  
federal political committee.

**C** C00005249

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SA11.5536

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NATIONAL ROOFING CONTRACTORS ASSOCIATION (ROOF PAC)**

Mailing Address 10255 W. HIGGINS RD NO. 600

City	State	Zip Code
ROSEMONT	IL	60018-5613

FEC ID number of contributing  
federal political committee.

**C** C00244863

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SA11.5535

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

7000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

A. Full Name (Last, First, Middle Initial)  
**NFIB SAFE TRUST**

Mailing Address 1201 F STREET NW SUITE 200

City	State	Zip Code
WASHINGTON	DC	20004-1221

FEC ID number of contributing  
federal political committee.

**C** C00101105

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

**07** / **17** / **2015**

Transaction ID : SA11.5531

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**TACO PAC**

Mailing Address 6405 METCALF AVE SUITE 503

City	State	Zip Code
SHAWNEE MISSION	KS	66202-4084

FEC ID number of contributing  
federal political committee.

**C** C00330118

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

**07** / **17** / **2015**

Transaction ID : SA11.5550

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**TIAA-CREF PAC**

Mailing Address 601 THIRTEENTH STREET, NW  
SUITE 700 NORTH

City	State	Zip Code
WASHINGTON	DC	20005-3807

FEC ID number of contributing  
federal political committee.

**C** C00431361

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

**07** / **17** / **2015**

Transaction ID : SA11.5547

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 54 OF 165

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**UPPER HAND FUND****A.**

Mailing Address PO BOX 2485

City

SPRINGFIELD

State

VA

Zip Code

22152-0485

FEC ID number of contributing  
federal political committee.**C** C00503151

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		17		2015

**Transaction ID : SA11.5543**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (VERIZON PAC****B.**

Mailing Address 1300 I STREET NW 4TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20005-3314

FEC ID number of contributing  
federal political committee.**C** C00186288

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		17		2015

**Transaction ID : SA11.5538**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**WAL-MART STORES INC PAC FOR RESPONSIBLE GOVERNMENT****C.**

Mailing Address 702 S.W. 8TH STREET

City

BENTONVILLE

State

AR

Zip Code

72716-6209

FEC ID number of contributing  
federal political committee.**C** C00093054

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		17		2015

**Transaction ID : SA11.5540**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

3500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 OF 165

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**WHAT A COUNTRY PAC**

Mailing Address 824 S MILLEDGE AVE STE 101

City

ATHENS

State

GA

Zip Code

30605-1332

FEC ID number of contributing  
federal political committee.

**C** C00571646

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

**07** / **17** / **2015**

**Transaction ID : SA11.5573**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**AGC PAC**

Mailing Address 2300 WILSON BLVD SUITE 300

City

ARLINGTON

State

VA

Zip Code

22201-5426

FEC ID number of contributing  
federal political committee.

**C** C00082917

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

**07** / **23** / **2015**

**Transaction ID : SA11.5578**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CARPENTER'S LEGISLATIVE IMPROVEMENT PAC**

Mailing Address 101 CONSTIUTION AVENUE, NW  
10TH FLOOR WEST

City

WASHINGTON

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

**C** C00001016

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

**07** / **23** / **2015**

**Transaction ID : SA11.5583**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

7000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 OF 165

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MCDONALD'S PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2015	
Mailing Address 2111 MCDONALDS DR DEPT 213		<b>Transaction ID : SA11.5580</b>  Amount of Each Receipt this Period 1500.00 CONTRIBUTION	
City	State		Zip Code
OAK BROOK	IL		60523-5500
FEC ID number of contributing federal political committee.			C C00063164
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>SARAH PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2015	
Mailing Address PO BOX 7711		<b>Transaction ID : SA11.5579</b>  Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
City	State		Zip Code
ARLINGTON	VA		22207-0711
FEC ID number of contributing federal political committee.			C C00458588
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>AT&amp;T INC FEDERAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2015	
Mailing Address 208 S. AKARD STREET SUITE 2701		<b>Transaction ID : SA11.5599</b>  Amount of Each Receipt this Period 2000.00 CONTRIBUTION	
City	State		Zip Code
DALLAS	TX		75202-4206
FEC ID number of contributing federal political committee.			C C00109017
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

DEBT RETIREMENT 2014 GENERAL DEBT  
RETIREMENT

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**DELOITTE FEDERAL PAC**

Mailing Address P.O. BOX 365

City WASHINGTON	State DC	Zip Code 20044-0365
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)Election Cycle-to-Date  
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SA11.5597

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**DUKE ENERGY CORPORATION PAC**

Mailing Address 550 SOUTH TRYON STREET

City CHARLOTTE	State NC	Zip Code 28202-4200
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FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)Election Cycle-to-Date  
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SA11.5594

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAIN STREET PAC**

Mailing Address 1220 L ST NW STE 100-263

City WASHINGTON	State DC	Zip Code 20005-4018
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)Election Cycle-to-Date  
4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SA11.5593

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**STATE STREET BANK AND TRUST PAC**

Mailing Address BOX 5351

City  
BOSTONState  
MAZip Code  
02206-5351FEC ID number of contributing  
federal political committee.**C** C00072751

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : SA11.5591

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

A.

Full Name (Last, First, Middle Initial)

**T-MOBILE PAC**Mailing Address 601 PENNSYLVANIA AVENUE NW  
SUITE 800 NORTH BLDG.City  
WASHINGTONState  
DCZip Code  
20004-2710FEC ID number of contributing  
federal political committee.**C** C00361758

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : SA11.5590

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

**TIAA-CREF PAC**Mailing Address 601 THIRTEENTH STREET, NW  
SUITE 700 NORTHCity  
WASHINGTONState  
DCZip Code  
20005-3807FEC ID number of contributing  
federal political committee.**C** C00431361

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : SA11.5589

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 59 OF 165

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

BAKER DONELSON BEARMAN CADWELL PAC

Mailing Address 901 K STREET NW, SUITE 900

City

WASHINGTON

State

DC

Zip Code

20001-6436

FEC ID number of contributing  
federal political committee.

C C00431072

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5606

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CSX CORPORATION GOOD GOVERNMENT PAC

Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City

WASHINGTON

State

DC

Zip Code

20004-1745

FEC ID number of contributing  
federal political committee.

C C00163832

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5615

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CULAC PAC

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600

City

WASHINGTON

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C C00007880

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5628

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DARDEN RESTAURANTS INC PAC**

Mailing Address 1000 DARDEN CENTER DRIVE

City State Zip Code  
ORLANDO FL 32837-4032

FEC ID number of contributing  
federal political committee.

C C00108282

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5627

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GENERAL MOTORS COMPANY PAC**

Mailing Address 25 MASSACHUSETTS AVENUE, NW  
SUITE 400

City State Zip Code  
WASHINGTON DC 20001-1427

FEC ID number of contributing  
federal political committee.

C C00076810

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5616

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN CORPORATION EMPLOYEE'S PAC**

Mailing Address 2121 CRYSTAL DRIVE SUITE 100

City State Zip Code  
ARLINGTON VA 22202-3706

FEC ID number of contributing  
federal political committee.

C C00303024

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

7000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5612

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 OF 165

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>LOVE PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>08 / 14 / 2015</b>
Mailing Address <b>2470 DANIELLS BRIDGE RD SUITE 121</b>		<b>Transaction ID : SA11.5613</b>
City <b>ATHENS</b>	State <b>GA</b>	
Zip Code <b>30606-6191</b>		Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C C00541680</b>	Name of Employer	CONTRIBUTION
Occupation	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date <b>1000.00</b>		

Full Name (Last, First, Middle Initial) <b>MVP HEALTH CARE INC FEDERAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>08 / 14 / 2015</b>
Mailing Address <b>625 STATE STREET</b>		<b>Transaction ID : SA11.5614</b>
City <b>SCHENECTADY</b>	State <b>NY</b>	
Zip Code <b>12305-2111</b>		Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C C00431429</b>	Name of Employer	CONTRIBUTION
Occupation	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date <b>2000.00</b>		

Full Name (Last, First, Middle Initial) <b>NATIONAL PROPANE GAS ASSOCIATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>08 / 14 / 2015</b>
Mailing Address <b>1899 L STREET, NW SUITE 350</b>		<b>Transaction ID : SA11.5607</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20036-3870</b>		Amount of Each Receipt this Period <b>1500.00</b>
FEC ID number of contributing federal political committee. <b>C C00079681</b>	Name of Employer	CONTRIBUTION
Occupation	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date <b>1500.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 62 OF 165

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

UNITED TECHNOLOGIES CORPORATION PAC

A.

Mailing Address 1101 PENNSYLVANIA AVE NW 10TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20004-2566

FEC ID number of contributing  
federal political committee.

C C00035683

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

Transaction ID : SA11.5622

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

DEBT RETIREMENT GENERAL 2014 DEBT  
RETIREMENT

Full Name (Last, First, Middle Initial)

BOMBARDIER CORPORATION PAC

B.

Mailing Address 2200 PENNSYLVANIA AVE NW SUITE 660

City

WASHINGTON

State

DC

Zip Code

20037-1750

FEC ID number of contributing  
federal political committee.

C C00546473

Name of Employer

Occupation

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2015

Transaction ID : SA11.5639

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

INTERNATIONAL PAPER PAC

C.

Mailing Address 1101 PENNSYLVANIA AVE NW SUITE 200

City

WASHINGTON

State

DC

Zip Code

20004-2514

FEC ID number of contributing  
federal political committee.

C C00034405

Name of Employer

Occupation

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2015

Transaction ID : SA11.5638

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 165

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**A. LEHIGH HANSON INC PAC**

Mailing Address 300 E JOHN CARPENTER FREEWAY

City	State	Zip Code
IRVING	TX	75062-2727

FEC ID number of contributing  
federal political committee.**C** C00493270

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		21		2015

Transaction ID : SA11.5636

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. VOTETIPTON.COM**

Mailing Address PO BOX 1582

City	State	Zip Code
CORTEZ	CO	81321-1582

FEC ID number of contributing  
federal political committee.**C** C00470757

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		28		2015

Transaction ID : SA11.5655

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. STEVE MC LAUGHLIN FOR ASSEMBLY**

Mailing Address PO BOX 265

City	State	Zip Code
POESTENKILL	NY	12140-0265

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		28		2015

Transaction ID : SA11.5658

Amount of Each Receipt this Period

150.00

CONTRIBUTION

FEDERALLY PERMISSIBLE FUNDS

**SUBTOTAL** of Receipts This Page (optional).....

3650.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 64 OF 165

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**A. AGRI-MARK INC PAC**

Mailing Address 100 MILK STREET

City	State	Zip Code
METHUEN	MA	01844-4600

FEC ID number of contributing  
federal political committee.**C** C00141242

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11.5665

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. AGRI-MARK INC PAC**

Mailing Address 100 MILK STREET

City	State	Zip Code
METHUEN	MA	01844-4600

FEC ID number of contributing  
federal political committee.**C** C00141242

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11.5666

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. AMERICAN MEDICAL ASSOCIATION PAC**

Mailing Address 25 MASSACHUSETTS AVE NW STE 600

City	State	Zip Code
WASHINGTON	DC	20001-7400

FEC ID number of contributing  
federal political committee.**C** C00000422

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11.5662

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1600.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**BUILDPAC**

Mailing Address 1201 15TH STREET NW

City

WASHINGTON

State

DC

Zip Code

20005-2899

FEC ID number of contributing  
federal political committee.**C** C00000901

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11.5661

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FARM CREDIT PAC**Mailing Address 50 F STREET NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20001-1530

FEC ID number of contributing  
federal political committee.**C** C00193631

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11.5670

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PECKHAM INDUSTRIES INC. FEDERAL PAC**

Mailing Address 20 HAARLEM AVE

City

WHITE PLAINS

State

NY

Zip Code

10603-2223

FEC ID number of contributing  
federal political committee.**C** C00343681

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11.5653

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>FARM CREDIT PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>09 / 04 / 2015</b>
Mailing Address <b>50 F STREET NW</b> <b>SUITE 900</b>		<b>Transaction ID : SA11.5682</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20001-1530</b>		Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C C00193631</b>	Name of Employer Occupation	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>3000.00</b>	

Full Name (Last, First, Middle Initial) <b>NATIONAL ASSOCIATION OF REALTORS PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>09 / 04 / 2015</b>
Mailing Address <b>430 MICHIGAN AVE</b>		<b>Transaction ID : SA11.5681</b>
City <b>CHICAGO</b>	State <b>IL</b>	
Zip Code <b>60611-4011</b>		Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C C00030718</b>	Name of Employer Occupation	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2000.00</b>	

Full Name (Last, First, Middle Initial) <b>AMERICAN HOSPITAL ASSOCIATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>09 / 08 / 2015</b>
Mailing Address <b>800 TENTH STREET, NW</b> <b>TWO CITYCENTER, SUITE 400</b>		<b>Transaction ID : SA11.5697</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20001-5188</b>		Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C C00106146</b>	Name of Employer Occupation	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

A. Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN CORPORATION EMPLOYEE'S PAC**

Mailing Address 2121 CRYSTAL DRIVE SUITE 100

City	State	Zip Code
ARLINGTON	VA	22202-3706

FEC ID number of contributing federal political committee.

**C** C00303024

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

7000.00

Date of Receipt

**09** / **08** / **2015**

Transaction ID : SA11.5705

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN CORPORATION EMPLOYEE'S PAC**

Mailing Address 2121 CRYSTAL DRIVE SUITE 100

City	State	Zip Code
ARLINGTON	VA	22202-3706

FEC ID number of contributing federal political committee.

**C** C00303024

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

7000.00

Date of Receipt

**09** / **08** / **2015**

Transaction ID : SA11.5706

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20036-2212

FEC ID number of contributing federal political committee.

**C** C00035451

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

**09** / **24** / **2015**

Transaction ID : SA11.6111

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 OF 165

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**AMERICAN WIND ENERGY ASSOCIATION (WINDPAC)**

Mailing Address 1501 M STREET, NW, 10TH FLOOR

City  
WASHINGTON

State  
DC

Zip Code  
20005-1700

FEC ID number of contributing  
federal political committee.

**C** C00259572

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 24 2015

Transaction ID : SA11.6114

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CHARTER COMMUNICATIONS INC PAC**

Mailing Address 400 ATLANTIC STREET  
10TH FLOOR

City  
STAMFORD

State  
CT

Zip Code  
06901-3512

FEC ID number of contributing  
federal political committee.

**C** C00426775

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 24 2015

Transaction ID : SA11.6119

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS PAC**

Mailing Address 1325 G STREET, N.W. SUITE 1000

City  
WASHINGTON

State  
DC

Zip Code  
20005-3134

FEC ID number of contributing  
federal political committee.

**C** C00109306

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 24 2015

Transaction ID : SA11.6120

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**NATIONAL CABLE AND TELECOMMUNICATIONS PAC**

Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City	State	Zip Code
WASHINGTON	DC	20001-1434

FEC ID number of contributing  
federal political committee.**C** C00010082

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

**Transaction ID : SA11.6116**

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THE GOLDMAN SACHS GROUP INC. PAC**Mailing Address 101 CONSTITUTION AVENUE, NW  
SUITE 1000 EAST

City	State	Zip Code
WASHINGTON	DC	20001-2133

FEC ID number of contributing  
federal political committee.**C** C00350744

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

**Transaction ID : SA11.6130**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TIME WARNER CABLE PAC**Mailing Address 901 F STREET, NW  
SUITE 800

City	State	Zip Code
WASHINGTON	DC	20004-1477

FEC ID number of contributing  
federal political committee.**C** C00431551

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

**Transaction ID : SA11.6117**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**CHRIS GIBSON FOR CONGRESS**

Mailing Address PO BOX 255

City	State	Zip Code
KINDERHOOK	NY	12106-0255

FEC ID number of contributing  
federal political committee.**C** C00477984

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

**Transaction ID : SA11.6315**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ACADEMY OF NUTRITION AND DIETETICS PAC**Mailing Address 1120 CONNECTICUT AVE. NW  
SUITE 480

City	State	Zip Code
WASHINGTON	DC	20036-3989

FEC ID number of contributing  
federal political committee.**C** C00143560

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

**Transaction ID : SA11.6281**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AETNA INC. PAC**

Mailing Address 20 F STREETNW SUITE 350

City	State	Zip Code
WASHINGTON	DC	20001-6706

FEC ID number of contributing  
federal political committee.**C** C00181826

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

**Transaction ID : SA11.6258**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

A. Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS (CRNA PAC)**

Mailing Address **222 SOUTH PROSPECT AVE**  
**C/O FINANCE DEPARTMENT**

City State Zip Code  
**PARK RIDGE IL 60068-4037**

FEC ID number of contributing federal political committee. **C C00173153**

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt

**09 / 30 / 2015**

Transaction ID : **SA11.6271**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PAC (AICP)**

Mailing Address **220 LEIGH FARM RD**

City State Zip Code  
**DURHAM NC 27707-8110**

FEC ID number of contributing federal political committee. **C C00077321**

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt

**09 / 30 / 2015**

Transaction ID : **SA11.6295**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**ANN PAC**

Mailing Address **P.O. BOX 3535**

City State Zip Code  
**BALLWIN MO 63022-3535**

FEC ID number of contributing federal political committee. **C C00531764**

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt

**09 / 30 / 2015**

Transaction ID : **SA11.6312**

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**4500.00**



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**ARENT FOX LLP PAC (AFPAC)**Mailing Address **ARENT FOX LLP**  
**1717 K STREET NW**City State Zip Code  
**WASHINGTON DC 20006-5343**FEC ID number of contributing  
federal political committee.**C** **C00241380**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

M M / D D / Y Y Y Y  
**09 30 2015****Transaction ID : SA11.6274**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BANK OF AMERICA CORPORATION FEDERAL PAC**Mailing Address **1455 PENNSYLVANIA AVE, SUITE 950**  
**DC8-455-09-01**City State Zip Code  
**WASHINGTON DC 20004-1043**FEC ID number of contributing  
federal political committee.**C** **C00364778**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**09 30 2015****Transaction ID : SA11.6273**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BILL PAC**Mailing Address **228 S. WASHINGTON ST SUITE 115**City State Zip Code  
**ALEXANDRIA VA 22314-5404**FEC ID number of contributing  
federal political committee.**C** **C00412288**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2500.00**

Date of Receipt

M M / D D / Y Y Y Y  
**09 30 2015****Transaction ID : SA11.6307**

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**4000.00****TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 OF 165

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BLOOMIN BRANDS INC PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 2202 N. WESTSHORE BLVD. 5TH FLOOR		<b>Transaction ID : SA11.6270</b>
City TAMPA	State FL	
Zip Code 33607-5754		Amount of Each Receipt this Period 2000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C C00253153		
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>BUILDPAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 1201 15TH STREET NW		<b>Transaction ID : SA11.6313</b>
City WASHINGTON	State DC	
Zip Code 20005-2899		Amount of Each Receipt this Period 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C C00000901		
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>COMCAST CORPORATION &amp; NBC UNIVERSAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 1701 JFK BLVD 49TH FLOOR		<b>Transaction ID : SA11.6262</b>
City PHILADELPHIA	State PA	
Zip Code 19103-2855		Amount of Each Receipt this Period 2000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C C00248716		
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 OF 165

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**CONGRESSIONAL HOUSE REPUBLICANS IN SERVICE**

**A.**

Mailing Address PO BOX 30844

City State Zip Code  
 BETHESDA MD 20824-0844

FEC ID number of contributing  
federal political committee.

**C** C00554535

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 30 2015

**Transaction ID : SA11.6314**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DEVON ENERGY CORPORATION PAC (DEC PAC)**

**B.**

Mailing Address 333 WEST SHERIDAN

City State Zip Code  
 OKLAHOMA CITY OK 73102-5010

FEC ID number of contributing  
federal political committee.

**C** C00354753

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 30 2015

**Transaction ID : SA11.6277**

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DUKE ENERGY CORPORATION PAC**

**C.**

Mailing Address 550 SOUTH TRYON STREET

City State Zip Code  
 CHARLOTTE NC 28202-4200

FEC ID number of contributing  
federal political committee.

**C** C00083535

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 30 2015

**Transaction ID : SA11.6268**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 76 OF 165

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**ELECTRICAL CONTRACTORS PAC**Mailing Address **3 BETHESDA METRO CENTER**  
**SUITE 1100**City State Zip Code  
**BETHESDA MD 20814-6302**FEC ID number of contributing  
federal political committee.**C** **C00113811**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : SA11.6265**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EMPLOYEES OF NORTHROP GRUMMAN CORP PAC (ENGPAC)**Mailing Address **2980 FAIRVIEW PARK DRIVE**City State Zip Code  
**FALLS CHURCH VA 22042-4511**FEC ID number of contributing  
federal political committee.**C** **C00088591**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : SA11.6276**

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ERNST & YOUNG PAC**Mailing Address **1101 NEW YORK AVE, NW**City State Zip Code  
**WASHINGTON DC 20005-4269**FEC ID number of contributing  
federal political committee.**C** **C00227744**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : SA11.6260**

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**6000.00****TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 77 OF 165

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**EXCELSIOR PAC**

Mailing Address 2470 DANIELS BR RD SUITE 121

City

ATHENS

State

GA

Zip Code

30606-

FEC ID number of contributing federal political committee.

C C00541078

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

Transaction ID : SA11.6255

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GREATER TOMORROW PAC**

Mailing Address 600 PENNSYLVANIA AVENUE SE STE 330

City

WASHINGTON

State

DC

Zip Code

20003-6300

FEC ID number of contributing federal political committee.

C C00526715

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

Transaction ID : SA11.6283

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

**HARDWOOD FEDERATION PAC INC**

Mailing Address 1101 K STREET NW SUITE 700

City

WASHINGTON

State

DC

Zip Code

20005-4210

FEC ID number of contributing federal political committee.

C C00396671

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

Transaction ID : SA11.6261

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 OF 165

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**HARRIS CORPORATION PAC (H-PAC)**

Mailing Address 600 MARYLAND AVENUE SW  
 SUITE 850E

City State Zip Code  
 WASHINGTON DC 20024-2566

FEC ID number of contributing  
federal political committee.

**C** C00100321

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 30 2015

Transaction ID : SA11.6280

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**KELLEY DRYE & WARREN PAC**

Mailing Address 3050 K STREET NW SUITE 400

City State Zip Code  
 WASHINGTON DC 20007-5100

FEC ID number of contributing  
federal political committee.

**C** C00301929

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 30 2015

Transaction ID : SA11.6278

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**KPMG PAC**

Mailing Address PO BOX 18254

City State Zip Code  
 WASHINGTON DC 20036-8254

FEC ID number of contributing  
federal political committee.

**C** C00280222

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 30 2015

Transaction ID : SA11.6279

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 165

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**A. MASSCHUSETTS MUTUAL LIFE INSURANCE CO. PAC (MMPAC)**

Mailing Address 1295 STATE ST

City	State	Zip Code
SPRINGFIELD	MA	01111-0001

FEC ID number of contributing  
federal political committee.**C** C00118943

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.6263

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A**

Mailing Address 1095 AVENUE OF THE AMERICAS

City	State	Zip Code
NEW YORK	NY	10036-6797

FEC ID number of contributing  
federal political committee.**C** C00040923

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.6267

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MORGAN STANLEY PAC**

Mailing Address 1585 BROADWAY 39TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036-

FEC ID number of contributing  
federal political committee.**C** C00337626

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.6318

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS PAC**

Mailing Address 430 MICHIGAN AVE

City CHICAGO	State IL	Zip Code 60611-4011
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.6256

Amount of Each Receipt this Period

1000.00
---------

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF CHAIN DRUG STORES PAC**

Mailing Address 1776 WILSON BOULEVARD  
 SUITE 200

City ARLINGTON	State VA	Zip Code 22209-2516
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00022368

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.6272

Amount of Each Receipt this Period

1000.00
---------

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF CONVENIENCE STORES PAC**

Mailing Address 1600 DUKE STREET

City ALEXANDRIA	State VA	Zip Code 22314-3466
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.6275

Amount of Each Receipt this Period

1000.00
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CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRAFFIC CONTROLLERS PAC**

Mailing Address 1325 MASSACHUSETTS AVE., NW

City	State	Zip Code
WASHINGTON	DC	20005-

FEC ID number of contributing  
federal political committee.**C** C00238725

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : SA11.6317**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)**NATIONAL GRID USA PAC**Mailing Address 325 7TH STREET, NW  
SUITE 225

City	State	Zip Code
WASHINGTON	DC	20004-2830

FEC ID number of contributing  
federal political committee.**C** C00048702

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : SA11.6308**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)**ORAL AND MAXILLOFACIAL SURGERY PAC**

Mailing Address 9700 WEST BRYN MAWR AVE.

City	State	Zip Code
ROSEMONT	IL	60018-

FEC ID number of contributing  
federal political committee.**C** C00005660

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : SA11.6316**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**RAYTHEON COMPANY PAC**

Mailing Address 1100 WILSON BLVD. SUITE 1500

City

ARLINGTON

State

VA

Zip Code

22209-3900

FEC ID number of contributing  
federal political committee.**C** C00097568

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : SA11.6285**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**REPUBLICAN MAIN STREET PAC**

Mailing Address 1220 L ST NW STE 100-263

City

WASHINGTON

State

DC

Zip Code

20005-4018

FEC ID number of contributing  
federal political committee.**C** C00165159

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : SA11.6254**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TIAA-CREF PAC**Mailing Address 601 THIRTEENTH STREET, NW  
SUITE 700 NORTH

City

WASHINGTON

State

DC

Zip Code

20005-3807

FEC ID number of contributing  
federal political committee.**C** C00431361

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : SA11.6266**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TUESDAY GROUP PAC**

Mailing Address 209 PENNSYLVANIA AVENUE, S.E.

City WASHINGTON	State DC	Zip Code 20003-1107
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.6269

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TUESDAY GROUP PAC**

Mailing Address 209 PENNSYLVANIA AVENUE, S.E.

City WASHINGTON	State DC	Zip Code 20003-1107
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.6282

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
**UNITED TECHNOLOGIES CORPORATION PAC**

Mailing Address 1101 PENNSYLVANIA AVE NW 10TH FLOOR

City WASHINGTON	State DC	Zip Code 20004-2566
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.6259

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 OF 165

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**UPS PAC**

Mailing Address 55 GLENLAKE PKWY NE

City

ATLANTA

State

GA

Zip Code

30328-3474

FEC ID number of contributing  
federal political committee.

**C** C00064766

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2015

Transaction ID : SA11.6257

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

153250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 165

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**PATRIOT DAY II 2015**Mailing Address **PO BOX 9891**

City	State	Zip Code
ARLINGTON	VA	22219-1891

FEC ID number of contributing  
federal political committee.**C** C00578211

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

10874.55

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : SA12.5559

Amount of Each Receipt this Period

8689.93

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

Full Name (Last, First, Middle Initial)

**CITIZENS TO ELECT PHIL ROE TO CONGRESS**Mailing Address **301 W WALNUT ST**

City	State	Zip Code
JOHNSON CITY	TN	37604-6711

FEC ID number of contributing  
federal political committee.**C** C00444471

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : SA12.5566

Amount of Each Receipt this Period

500.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: PATRIOT DAY II 2015

Full Name (Last, First, Middle Initial)

**KEEPING REPUBLICAN IDEAS STRONG TIMELY AND INVENTI**Mailing Address **PO BOX 312**

City	State	Zip Code
SIOUX FALLS	SD	57101-0312

FEC ID number of contributing  
federal political committee.**C** C00493809

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

277.78

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : SA12.5562

Amount of Each Receipt this Period

277.78

TRANSFER

[MEMO ITEM]

JFC ATTRIB: PATRIOT DAY II 2015

**SUBTOTAL** of Receipts This Page (optional).....

8689.93

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 165

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**KRISTI FOR CONGRESS**

Mailing Address PO BOX 852

City	State	Zip Code
SIOUX FALLS	SD	57101-0852

FEC ID number of contributing  
federal political committee.**C** C00476853

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

277.78

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

Transaction ID : SA12.5563

Amount of Each Receipt this Period

277.78

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: PATRIOT DAY II 2015

**B.** Full Name (Last, First, Middle Initial)  
**LATTA FOR CONGRESS**

Mailing Address 530 W POE RD

City	State	Zip Code
BOWLING GREEN	OH	43402-1213

FEC ID number of contributing  
federal political committee.**C** C00438697

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

888.89

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

Transaction ID : SA12.5561

Amount of Each Receipt this Period

888.89

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: PATRIOT DAY II 2015

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003-1838

FEC ID number of contributing  
federal political committee.**C** C00075820

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

Transaction ID : SA12.5564

Amount of Each Receipt this Period

5000.00

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: PATRIOT DAY II 2015

**SUBTOTAL** of Receipts This Page (optional).....

0.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 165

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NEW PIONEERS PAC**

Mailing Address 228 S. WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00459123

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SA12.5565

Amount of Each Receipt this Period

2500.00

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: PATRIOT DAY II 2015

**B.** Full Name (Last, First, Middle Initial)  
**WESTMORELAND FOR CONGRESS**

Mailing Address PO BOX 458

City State Zip Code  
SHARPSBURG GA 30277-0458

FEC ID number of contributing federal political committee. **C** C00387126

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SA12.5567

Amount of Each Receipt this Period

500.00

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: PATRIOT DAY II 2015

**C.** Full Name (Last, First, Middle Initial)  
**PATRIOT DAY II 2015**

Mailing Address PO BOX 9891

City State Zip Code  
ARLINGTON VA 22219-1891

FEC ID number of contributing federal political committee. **C** C00578211

Name of Employer Occupation

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
10874.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SA12.5560

Amount of Each Receipt this Period

2184.62

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2184.62

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 88 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**NEW PIONEERS PAC**

Mailing Address 228 S. WASHINGTON ST STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.

**C** C00459123

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA12.5568

Amount of Each Receipt this Period

2500.00

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: PATRIOT DAY II 2015

Full Name (Last, First, Middle Initial)

**STEFANIK VICTORY FUND**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

**C** C00580779

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

23113.26

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2015

Transaction ID : SA12.6137

Amount of Each Receipt this Period

22577.39

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

Full Name (Last, First, Middle Initial)

**GEORGE BEAUDOIN**

Mailing Address 32 SARATOGA CIRCLE

City

SARATOGA SPRINGS

State

NY

Zip Code

12866-1028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2015

Transaction ID : SA12.6181

Amount of Each Receipt this Period

300.00

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: STEFANIK VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

22577.39



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 89 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

A. Full Name (Last, First, Middle Initial)  
**MARK L. BEHAN**

Mailing Address **18 INGERSOLL ROAD**

City State Zip Code  
**SARATOGA SPRINGS NY 12866-5317**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**BEHAN COMMUNICATIONS INC.**Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2000.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

**Transaction ID : SA12.6145**

Amount of Each Receipt this Period

**1000.00**

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: STEFANIK VICTORY FUND

B. Full Name (Last, First, Middle Initial)  
**MATTHEW BETTE**

Mailing Address **22 CENTURY HILL DR**

City State Zip Code  
**LATHAM NY 12110-2137**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**BETTE & CRING, LLC**Occupation  
**CONSTRUCTION**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2900.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

**Transaction ID : SA12.6144**

Amount of Each Receipt this Period

**2500.00**

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: STEFANIK VICTORY FUND

C. Full Name (Last, First, Middle Initial)  
**JULIE CHLOPECKI**

Mailing Address **1547 EVERS DR**

City State Zip Code  
**MCLEAN VA 22101-5006**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**XENOPHON STRATEGIES**Occupation  
**PARTNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**450.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

**Transaction ID : SA12.6172**

Amount of Each Receipt this Period

**450.00**

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: STEFANIK VICTORY FUND

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**0.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 90 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

MR. GARY C. DAKE

A.

Mailing Address 87 RAILROAD PL, APT. 407

City

SARATOGA SPRINGS

State

NY

Zip Code

12866-2144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEWART'S SHOPSOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA12.6212

Amount of Each Receipt this Period

1000.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

Full Name (Last, First, Middle Initial)

JEFFREY L. DISTEFANO

B.

Mailing Address 659 KRUMKILL RD.

City

ALBANY

State

NY

Zip Code

12203-5975

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRISON BURROWESOccupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA12.6211

Amount of Each Receipt this Period

1600.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

Full Name (Last, First, Middle Initial)

DAVID DONOHUE

C.

Mailing Address 2 CROWN POINT

City

BALLSTON LAKE

State

NY

Zip Code

12019-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYS WORKERS COMP BOARDOccupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

656.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA12.6164

Amount of Each Receipt this Period

306.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 91 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

KATHIE DUNCAN

Mailing Address 27 SUGAR PINE RD.

City

QUEENSBURY

State

NY

Zip Code

12804-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADIRONDACK TRUST COMPANY

Occupation

BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

Transaction ID : SA12.6143

Amount of Each Receipt this Period

1000.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

Full Name (Last, First, Middle Initial)

JAMES D. DURANTE

Mailing Address PO BOX 183

City

LAKE GEORGE

State

NY

Zip Code

12845-0183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HALLMARK OPERATING INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1689.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

Transaction ID : SA12.6169

Amount of Each Receipt this Period

150.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

Full Name (Last, First, Middle Initial)

ERIC HANNAY

Mailing Address 118 LAWSON LAKE ROAD

City

FEURA BUSH

State

NY

Zip Code

12067-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HANNAY REELS

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

Transaction ID : SA12.6141

Amount of Each Receipt this Period

1150.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 165

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**MATTHEW B. HICKS**Mailing Address **9 PINE ST**

City	State	Zip Code
GRANVILLE	NY	12832-1111

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**WASHINGTON COUNTY**Occupation  
**TOWN SUPERVISOR**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**350.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

**Transaction ID : SA12.6166**

Amount of Each Receipt this Period

**150.00**

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: STEFANIK VICTORY FUND

Full Name (Last, First, Middle Initial)  
**ED KEIS**Mailing Address **211 N. MAIN STREET**

City	State	Zip Code
MECHANICVILLE	NY	12118-1214

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**DECRESCENTE DISTRIBUTING COMPANY**Occupation  
**CFO**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**3000.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

**Transaction ID : SA12.6208**

Amount of Each Receipt this Period

**1700.00**

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: STEFANIK VICTORY FUND

Full Name (Last, First, Middle Initial)  
**TIMOTHY S. KELLING M.D, D.D.S**Mailing Address **6 BALMAIN COURT**

City	State	Zip Code
SARATOGA SPRINGS	NY	12866-6486

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**NORTHEAST SURGICAL SPECIALISTS**Occupation  
**ORAL SURGEON**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

**Transaction ID : SA12.6171**

Amount of Each Receipt this Period

**300.00**

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: STEFANIK VICTORY FUND

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 93 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**THOMAS LONGE**A. Mailing Address **40 WINCREST DR**

City	State	Zip Code
QUEENSBURY	NY	12804-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DA COLLINSOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

Transaction ID : SA12.6163

Amount of Each Receipt this Period

1000.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

Full Name (Last, First, Middle Initial)  
**DENNIS T. MULLANEY**B. Mailing Address **321 RIDGE ROAD**

City	State	Zip Code
NORTHVILLE	NY	12134-4107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CVPHOccupation  
DOCTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

Transaction ID : SA12.6204

Amount of Each Receipt this Period

300.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

Full Name (Last, First, Middle Initial)  
**JOHN F. MURRAY JR.**C. Mailing Address **10 NAPLES CT.**

City	State	Zip Code
TROY	NY	12180-6540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROSE & KIERNAN, INC.Occupation  
INSURANCE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

Transaction ID : SA12.6140

Amount of Each Receipt this Period

1200.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 94 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**A. Full Name (Last, First, Middle Initial)  
**MR DAVID K. O'BRIEN**

Mailing Address 33 DAILEY WAY

City	State	Zip Code
HAMPTON	NY	12837-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOWN OF HAMPTONOccupation  
TOWN SUPERVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA12.6167

Amount of Each Receipt this Period

150.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

B. Full Name (Last, First, Middle Initial)  
**COLONEL JOEY OWENS**

Mailing Address 315 #8 STONE CHURCH RD.

City	State	Zip Code
BALLSTON SPA	NY	12020-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WHITE MGM'T CORP. & M&W FOODSOccupation  
DISTRICT MGM'T/MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA12.6168

Amount of Each Receipt this Period

300.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

C. Full Name (Last, First, Middle Initial)  
**GREGORY PINTO**

Mailing Address 414 MAPLE AVENUE

City	State	Zip Code
SARATOGA SPRINGS	NY	12866-5550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA12.6203

Amount of Each Receipt this Period

1000.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>JOHN K. RIFENBURG</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>09 / 29 / 2015</b>
Mailing Address <b>129 DATER HILL RD</b>		<b>Transaction ID : SA12.6142</b>
City <b>TROY</b>	State <b>NY</b>	Zip Code <b>12180-</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1150.00</b>
Name of Employer <b>RIFENBURG CONTRACTING</b>	Occupation <b>PRESIDENT</b>	TRANSFER
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1700.00</b>	<b>[MEMO ITEM]</b> JFC ATTRIB: STEFANIK VICTORY FUND

Full Name (Last, First, Middle Initial) <b>JOHN K. RIFENBURG</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>09 / 29 / 2015</b>
Mailing Address <b>129 DATER HILL RD</b>		<b>Transaction ID : SA12.6147</b>
City <b>TROY</b>	State <b>NY</b>	Zip Code <b>12180-</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer <b>RIFENBURG CONTRACTING</b>	Occupation <b>PRESIDENT</b>	TRANSFER
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1700.00</b>	<b>[MEMO ITEM]</b> JFC ATTRIB: STEFANIK VICTORY FUND

Full Name (Last, First, Middle Initial) <b>LUCAS SAVIER-GOMES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>09 / 29 / 2015</b>
Mailing Address <b>PO BOX 152</b>		<b>Transaction ID : SA12.6182</b>
City <b>NORTH RIVER</b>	State <b>NY</b>	Zip Code <b>12856-0152</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer <b>ANGIO DYNAMICS</b>	Occupation <b>DISTRIBUTION MANAGER</b>	TRANSFER
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>300.00</b>	<b>[MEMO ITEM]</b> JFC ATTRIB: STEFANIK VICTORY FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 96 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DR. MICHAEL SHEA**

Mailing Address 25 CAITLIN DRIVE

City State Zip Code  
QUEENSBURY NY 12804-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
K2SKI COMPANYOccupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA12.6162

Amount of Each Receipt this Period

2000.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT J. SLACK**

Mailing Address 48 DINEEN RD

City State Zip Code  
LAKE GEORGE NY 12845-4517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRESIDENT/COOOccupation  
SCI COURIER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA12.6209

Amount of Each Receipt this Period

1000.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

**C.** Full Name (Last, First, Middle Initial)  
**EDWARD P. SWYER**

Mailing Address 10 EXECUTIVE PARK DRIVE

City State Zip Code  
ALBANY NY 12203-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE SWYER COMPANYOccupation  
OWNER/PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA12.6178

Amount of Each Receipt this Period

1000.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>F MICHAEL TUCKER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>09 / 29 / 2015</b>
Mailing Address <b>115 HUNTERSFIELD ROAD</b>		<b>Transaction ID : SA12.6177</b>
City <b>DELMAR</b>	State <b>NY</b>	
Zip Code <b>12054-3827</b>		Amount of Each Receipt this Period <b>300.00</b>
FEC ID number of contributing federal political committee. <b>C</b>	Occupation <b>PRESIDENT &amp; CEO</b>	TRANSFER
Name of Employer <b>CEG</b>	Election Cycle-to-Date <b>500.00</b>	<b>[MEMO ITEM]</b> JFC ATTRIB: STEFANIK VICTORY FUND
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>THOMAS TYLER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>09 / 29 / 2015</b>
Mailing Address <b>234 CASEY ROAD</b>		<b>Transaction ID : SA12.6201</b>
City <b>SCHUYLERVILLE</b>	State <b>NY</b>	
Zip Code <b>12871-1816</b>		Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>	Occupation <b>MANAGER</b>	TRANSFER
Name of Employer <b>NYS</b>	Election Cycle-to-Date <b>1275.00</b>	<b>[MEMO ITEM]</b> JFC ATTRIB: STEFANIK VICTORY FUND
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>STEPHAN R. VON SCHENK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>09 / 29 / 2015</b>
Mailing Address <b>75 COOLRIDGE LN.</b>		<b>Transaction ID : SA12.6187</b>
City <b>DIAMOND POINT</b>	State <b>NY</b>	
Zip Code <b>12824-2023</b>		Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>	Occupation <b>BANKER</b>	TRANSFER
Name of Employer <b>ADIRONDACK TRUST COMPANY</b>	Election Cycle-to-Date <b>1200.00</b>	<b>[MEMO ITEM]</b> JFC ATTRIB: STEFANIK VICTORY FUND
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JEFFREY VUKELIC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015
Mailing Address 24 SWEETBRIAR DR.		<b>Transaction ID : SA12.6175</b>  Amount of Each Receipt this Period 1000.00 TRANSFER  <b>[MEMO ITEM]</b> JFC ATTRIB: STEFANIK VICTORY FUND
City WILTON	State NY	
Zip Code 12831-2526		
FEC ID number of contributing federal political committee. C		
Name of Employer SARATOGA EAGLE	Occupation PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>CHARLES V. WAIT JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015
Mailing Address 658 NORTH BROADWAY		<b>Transaction ID : SA12.6139</b>  Amount of Each Receipt this Period 1000.00 TRANSFER  <b>[MEMO ITEM]</b> JFC ATTRIB: STEFANIK VICTORY FUND
City SARATOGA SPRINGS	State NY	
Zip Code 12866-1624		
FEC ID number of contributing federal political committee. C		
Name of Employer THE ADIRONDACK TRUST COMPANY	Occupation CHAIRMAN & CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1400.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>GEORGE WHALEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015
Mailing Address 185 EASTON STATION RD		<b>Transaction ID : SA12.6174</b>  Amount of Each Receipt this Period 300.00 TRANSFER  <b>[MEMO ITEM]</b> JFC ATTRIB: STEFANIK VICTORY FUND
City GREENWICH	State NY	
Zip Code 12834-5945		
FEC ID number of contributing federal political committee. C		
Name of Employer WHALEN CHEVROLET	Occupation AUTO DEALER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 99 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**ASSOCIATED GENERAL CONTRACTORS NY PAC**

Mailing Address 10 AIRLINE DR

City	State	Zip Code
ALBANY	NY	12205-1041

FEC ID number of contributing federal political committee.

C C00382382

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA12.6200

Amount of Each Receipt this Period

1000.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

Full Name (Last, First, Middle Initial)

**NATIONAL LUMBER AND BUILDING PAC**

Mailing Address 2025 M ST NW

City	State	Zip Code
D.C.	DC	20036-3309

FEC ID number of contributing federal political committee.

C C00039214

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA12.6188

Amount of Each Receipt this Period

1000.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

Full Name (Last, First, Middle Initial)

**SENECA NATION OF INDIANS**

Mailing Address PO BOX 231

City	State	Zip Code
SALAMANCA	NY	14779-0231

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA12.6193

Amount of Each Receipt this Period

2700.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 100 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**A. Full Name (Last, First, Middle Initial)  
**STEFANIK VICTORY FUND**

Mailing Address PO BOX 9891

City	State	Zip Code
ARLINGTON	VA	22219-1891

FEC ID number of contributing  
federal political committee.

C C00580779

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

23113.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA12.6138

Amount of Each Receipt this Period

535.87

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B. Full Name (Last, First, Middle Initial)  
**MATTHEW BETTE**

Mailing Address 22 CENTURY HILL DR

City	State	Zip Code
LATHAM	NY	12110-2137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

BETTE &amp; CRING, LLC

CONSTRUCTION

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA12.6197

Amount of Each Receipt this Period

200.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

C. Full Name (Last, First, Middle Initial)  
**ED KEIS**

Mailing Address 211 N. MAIN STREET

City	State	Zip Code
MECHANICVILLE	NY	12118-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

DECRESCENTE DISTRIBUTING COMPANY

CFO

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA12.6196

Amount of Each Receipt this Period

300.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....

535.87

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 101 OF 165

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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 NAME OF COMMITTEE (In Full)  
**Elise for Congress**
**A.** Full Name (Last, First, Middle Initial)  
**SENECA NATION OF INDIANS**

Mailing Address PO BOX 231

City	State	Zip Code
SALAMANCA	NY	14779-0231

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

Transaction ID : SA12.6195

Amount of Each Receipt this Period

300.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: STEFANIK VICTORY FUND

**B.** Full Name (Last, First, Middle Initial)  
**WINNING WOMEN 2016**

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314-5404

FEC ID number of contributing federal political committee.

C C00573469

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

122997.52

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

Transaction ID : SA12.6289

Amount of Each Receipt this Period

2889.64

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**C.** Full Name (Last, First, Middle Initial)  
**MARLENE M. RICKETTS**

Mailing Address 412 NORTH ELMWOOD RD.

City	State	Zip Code
OMAHA	NE	68132-2603

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

SELF

INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

Transaction ID : SA12.6290

Amount of Each Receipt this Period

2700.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: WINNING WOMEN 2016

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2889.64

36877.45

	11a		11b		11c		11d		
	12		13a		13b		X 14		15

NAME OF COMMITTEE (In Full)  
Elise for Congress

AMTRAK

MM / DD / YYYY

City	State	Zip Code
WASHINGTON	DC	20002

C	
---	--

Occupation

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

320.00

109.00

REFUND- TRAVEL

ALAMO RENT A CAR

MM / DD / YYYY

City	State	Zip Code
ST LOUIS	MO	63105

C

Occupation

☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

Election Cycle-to-Date

211.96

211.96

REFUND- TRAVEL

RESPONSE AMERICA LLC

MM / DD / YYYY

City	State	Zip Code
STATHAM	GA	30666

C

Occupation

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3179.87

3179.87

REFUND- PRINTING

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only) .....

3500.83

3500.83

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2015

Amount of Each Disbursement this Period

110.68
--------

Transaction ID : SB17.1009

**B. CREATSEND.COM**

Mailing Address SUITE 11 INFORMATION AGE PARK

City	State	Zip Code
CLARE, IRELAND	ZZ	99999

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2015

Amount of Each Disbursement this Period

65.76
-------

Transaction ID : SB17.1163

**C. CREATSEND.COM**

Mailing Address SUITE 11 INFORMATION AGE PARK

City	State	Zip Code
CLARE, IRELAND	ZZ	99999

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2015

Amount of Each Disbursement this Period

1.97
------

Transaction ID : SB17.1164

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

178.41

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. DAVIDSON BROTHERS RESTAURANT**

Mailing Address 184 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 01 / 2015

Amount of Each Disbursement this Period

45.26
-------

Transaction ID : SB17.1048

**B. FEDEX**

Mailing Address 21 CONGRESS STREET #101

City	State	Zip Code
SARATOGA SPRINGS	NY	12866

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 01 / 2015

Amount of Each Disbursement this Period

21.75
-------

Transaction ID : SB17.1031

**C. SOUTHWEST AIRLINES**

Mailing Address 2702 LOVE FIELD DR

City	State	Zip Code
DALLAS	TX	75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 01 / 2015

Amount of Each Disbursement this Period

199.00
--------

Transaction ID : SB17.1121

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

266.01



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2015

Amount of Each Disbursement this Period

10.94
-------

Transaction ID : SB17.1122

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

Amount of Each Disbursement this Period

7.95
------

Transaction ID : SB17.1010

**C. NYC TAXI**

Mailing Address 33 BEAVER STREET

City	State	Zip Code
NEW YORK	NY	10004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

Amount of Each Disbursement this Period

10.56
-------

Transaction ID : SB17.1124

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

29.45

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

Amount of Each Disbursement this Period

56.81
-------

Transaction ID : SB17.1123

**B. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

Amount of Each Disbursement this Period

7.59
------

Transaction ID : SB17.1092

**C. FEDEX**

Mailing Address 21 CONGRESS STREET #101

City	State	Zip Code
SARATOGA SPRINGS	NY	12866

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2015

Amount of Each Disbursement this Period

21.50
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Transaction ID : SB17.1032

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

85.90

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. GLEN BISTRO**

Mailing Address 132 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2015

Amount of Each Disbursement this Period

6.42
------

Transaction ID : SB17.1049

**B. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2015

Amount of Each Disbursement this Period

18.42
-------

Transaction ID : SB17.1093

**C. WALMART SUPERCENTER**

Mailing Address 891 STATE ROUTE 9

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement  
FOOD/BEVERAGE/OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2015

Amount of Each Disbursement this Period

95.38
-------

Transaction ID : SB17.1047

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

120.22

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		04		2015

Amount of Each Disbursement this Period

59.00
-------

Transaction ID : SB17.1126

**B. CAPITAL DISTRICT TRANSPORTATION AUTHORITY**

Mailing Address 525 EAST ST

City	State	Zip Code
RENSSELAER	NY	12144

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		04		2015

Amount of Each Disbursement this Period

98.00
-------

Transaction ID : SB17.1125

**C. THE HOME DEPOT**

Mailing Address 820 US 9

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement  
EQUIPMENT PURCHASE/OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		04		2015

Amount of Each Disbursement this Period

44.57
-------

Transaction ID : SB17.1035

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

201.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 06 / 2015

Amount of Each Disbursement this Period

88.23
-------

Transaction ID : SB17.1011

**B. INTUIT**

Mailing Address 4055 CORPORATE DR STE 100

City	State	Zip Code
GRAPEVINE	TX	76051

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 06 / 2015

Amount of Each Disbursement this Period

29.11
-------

Transaction ID : SB17.1117

**C. LOWE'S**

Mailing Address 251 QUAKER RD

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 07 / 2015

Amount of Each Disbursement this Period

35.59
-------

Transaction ID : SB17.1085

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

152.93

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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PAGE 110 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. SPOT COFFEE**

Mailing Address 221 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2015

Amount of Each Disbursement this Period

6.55
------

Transaction ID : SB17.1050

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2015

Amount of Each Disbursement this Period

222.91
--------

Transaction ID : SB17.1012

**C. THE BULLPEN**

Full Name (Last, First, Middle Initial)

Mailing Address 216 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2015

Amount of Each Disbursement this Period

15.65
-------

Transaction ID : SB17.1051

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

245.11

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2015

Amount of Each Disbursement this Period

19.66
-------

Transaction ID : SB17.1127

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2015

Amount of Each Disbursement this Period

11.98
-------

Transaction ID : SB17.1128

**C. SPOT COFFEE**

Mailing Address 221 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2015

Amount of Each Disbursement this Period

4.39
------

Transaction ID : SB17.1052

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

36.03
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
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PAGE 112 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 11 / 2015

Amount of Each Disbursement this Period

7.07
------

Transaction ID : SB17.1129

**B. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Disbursement this Period

798.00
--------

Transaction ID : SB17.1013

**C. PAPA JOHN'S**

Mailing Address 2002 PAP JOHN'S BLVD

City	State	Zip Code
LOUISVILLE	KY	40299

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Disbursement this Period

48.75
-------

Transaction ID : SB17.1053

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

853.82



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2015

Amount of Each Disbursement this Period

125.25
--------

Transaction ID : SB17.1014

**B. CREATSEND.COM**

Mailing Address SUITE 11 INFORMATION AGE PARK

City	State	Zip Code
CLARE, IRELAND	ZZ	99999

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2015

Amount of Each Disbursement this Period

65.42
-------

Transaction ID : SB17.1165

**C. CREATSEND.COM**

Mailing Address SUITE 11 INFORMATION AGE PARK

City	State	Zip Code
CLARE, IRELAND	ZZ	99999

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2015

Amount of Each Disbursement this Period

1.96
------

Transaction ID : SB17.1166

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

192.63

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. FIRST NIAGARA BANK**

Mailing Address PO BOX 514

City	State	Zip Code
LOCKPORT	NY	14095

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Disbursement this Period

124.75
--------

Transaction ID : SB17.1001

**B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Mailing Address PO BOX 365

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Disbursement this Period

2100.00
---------

Transaction ID : SB17.1006

**C. CRANIAL SOLUTIONS**

Mailing Address 104 EVERETT RD STE A

City	State	Zip Code
ALBANY	NY	12205

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Disbursement this Period

635.00
--------

Transaction ID : SB17.1112

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2859.75

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CSC CAPITAL LLC**

Mailing Address 38 CONDON RD

City	State	Zip Code
STILLWATER	NY	12170

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2015

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.1042

**B. HANNAFORD SUPERMARKET**

Mailing Address 175 BROAD ST

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2015

Amount of Each Disbursement this Period

39.99
-------

Transaction ID : SB17.1054

**C. IMGE LLC**

Mailing Address 603 KING ST 4TH FL

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2015

Amount of Each Disbursement this Period

1330.79
---------

Transaction ID : SB17.1033

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6370.78

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. THE TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
FINANCE CONSULTING/TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2015

Amount of Each Disbursement this Period

15375.77
----------

Transaction ID : SB17.1046

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2015

Amount of Each Disbursement this Period

15.15
-------

Transaction ID : SB17.1130

**C. WILEY REIN LLP**

Mailing Address 1776 K ST NW

City	State	Zip Code
WASHINGTON	DC	20006

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2015

Amount of Each Disbursement this Period

5005.51
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Transaction ID : SB17.1081

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20396.43

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST, SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2015

Amount of Each Disbursement this Period

260.71
--------

Transaction ID : SB17.1055

**B. GODADDY.COM**

Mailing Address 14455 N HAYDEN RD #129

City	State	Zip Code
SCOTTSDALE	AZ	85260

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2015

Amount of Each Disbursement this Period

130.40
--------

Transaction ID : SB17.1167

**C. NEW FRONTIER STRATEGY**

Mailing Address 315 KENTUCKY AVE

City	State	Zip Code
ALEXANDRIA	VA	22305

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2015

Amount of Each Disbursement this Period

3500.00
---------

Transaction ID : SB17.1090

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3891.11

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. COFFEE SPEKTOR**

Mailing Address 140 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2015

Amount of Each Disbursement this Period

7.92
------

Transaction ID : SB17.1056

**B. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2015

Amount of Each Disbursement this Period

44.93
-------

Transaction ID : SB17.1094

**c. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2015

Amount of Each Disbursement this Period

53.73
-------

Transaction ID : SB17.1095

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

106.58

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. ALAMO RENT-A-CAR**

Mailing Address 600 CORPORATE PARK DR

City  
ST LOUISState  
MOZip Code  
63105Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2015

Amount of Each Disbursement this Period

211.96
--------

Transaction ID : SB17.1132

**B. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City

TYSONS CORNER

State

VA

Zip Code

22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2015

Amount of Each Disbursement this Period

48.24
-------

Transaction ID : SB17.1015

**C. GULF OIL**

Mailing Address 1529 CRESCENT RD

City

CLIFTON PARK

State

NY

Zip Code

12065

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2015

Amount of Each Disbursement this Period

37.31
-------

Transaction ID : SB17.1131

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

297.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. IMGE LLC**

Mailing Address 603 KING ST 4TH FL

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
DIGITAL CONSULTING/WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2015

Amount of Each Disbursement this Period

4556.17
---------

Transaction ID : SB17.1034

**B. US AIRWAYS**

Mailing Address 4000 E. SKY HARBOR BLVD

City	State	Zip Code
PHOENIX	AZ	85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2015

Amount of Each Disbursement this Period

321.20
--------

Transaction ID : SB17.1133

**C. CREATSEND.COM**

Mailing Address SUITE 11 INFORMATION AGE PARK

City	State	Zip Code
CLARE, IRELAND	ZZ	99999

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2015

Amount of Each Disbursement this Period

6.34
------

Transaction ID : SB17.1168

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4883.71



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CREATSEND.COM**

Mailing Address SUITE 11 INFORMATION AGE PARK

City	State	Zip Code
CLARE, IRELAND	ZZ	99999

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2015

Amount of Each Disbursement this Period

0.19
------

Transaction ID : SB17.1169

**B. GLEN BISTRO**

Mailing Address 132 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2015

Amount of Each Disbursement this Period

6.42
------

Transaction ID : SB17.1057

**C. SPOT COFFEE**

Mailing Address 221 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2015

Amount of Each Disbursement this Period

9.49
------

Transaction ID : SB17.1058

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

16.10

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. THE BULLPEN**

Mailing Address 216 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2015

Amount of Each Disbursement this Period

15.32
-------

Transaction ID : SB17.1059

**B. U-HAUL CENTER**

Mailing Address 6229 US 11

City	State	Zip Code
CANTON	NY	13617

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2015

Amount of Each Disbursement this Period

109.95
--------

Transaction ID : SB17.1036

**C. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2015

Amount of Each Disbursement this Period

338.00
--------

Transaction ID : SB17.1134

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

463.27

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AVONDALE FINANCE LLC**

Mailing Address 100 TRADECENTER SUITE G-700

City	State	Zip Code
WOBURN	MA	01801

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : SB17.1043

**B. HANNAFORD SUPERMARKET**

Mailing Address 175 BROAD ST

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Disbursement this Period

44.43
-------

Transaction ID : SB17.1060

**C. RESPONSE AMERICA LLC**

Mailing Address 1252 RAMBLING RILL CIRCLE

City	State	Zip Code
STATHAM	GA	30666

Purpose of Disbursement  
POSTAGE/PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Disbursement this Period

17144.75
----------

Transaction ID : SB17.1111

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

18689.18

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CREATSEND.COM**

Mailing Address SUITE 11 INFORMATION AGE PARK

City	State	Zip Code
CLARE, IRELAND	ZZ	99999

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2015

Amount of Each Disbursement this Period

65.17
-------

Transaction ID : SB17.1170

**B. CREATSEND.COM**

Mailing Address SUITE 11 INFORMATION AGE PARK

City	State	Zip Code
CLARE, IRELAND	ZZ	99999

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2015

Amount of Each Disbursement this Period

1.96
------

Transaction ID : SB17.1171

**C. CSC CAPITAL LLC**

Mailing Address 38 CONDON RD

City	State	Zip Code
STILLWATER	NY	12170

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2015

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.1044

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2567.13

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 16 HUDSON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

44.23
-------

Purpose of Disbursement  
POSTAGECategory/  
Type

Transaction ID : SB17.1096

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

74.00
-------

Purpose of Disbursement  
CREDIT CARD MERCHANT FEESCategory/  
Type

Transaction ID : SB17.1016

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2015

City	State	Zip Code
SAN FRANCISCO	CA	94105

Amount of Each Disbursement this Period

15.15
-------

Purpose of Disbursement  
TRAVELCategory/  
Type

Transaction ID : SB17.1135

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

133.38

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CREATSEND.COM**

Mailing Address SUITE 11 INFORMATION AGE PARK

City	State	Zip Code
CLARE, IRELAND	ZZ	99999

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2015

Amount of Each Disbursement this Period

7.11
------

Transaction ID : SB17.1172

**B. CREATSEND.COM**

Mailing Address SUITE 11 INFORMATION AGE PARK

City	State	Zip Code
CLARE, IRELAND	ZZ	99999

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2015

Amount of Each Disbursement this Period

0.21
------

Transaction ID : SB17.1173

**C. GODADDY.COM**

Mailing Address 14455 N HAYDEN RD #129

City	State	Zip Code
SCOTTSDALE	AZ	85260

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2015

Amount of Each Disbursement this Period

62.29
-------

Transaction ID : SB17.1174

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

69.61

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 16 HUDSON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

50.78
-------

Purpose of Disbursement  
POSTAGECategory/  
Type

Transaction ID : SB17.1097

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2015

City	State	Zip Code
SAN FRANCISCO	CA	94105

Amount of Each Disbursement this Period

18.95
-------

Purpose of Disbursement  
TRAVELCategory/  
Type

Transaction ID : SB17.1136

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. CREATSEND.COM**

Mailing Address SUITE 11 INFORMATION AGE PARK

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2015

City	State	Zip Code
CLARE, IRELAND	ZZ	99999

Amount of Each Disbursement this Period

6.34
------

Purpose of Disbursement  
WEB SERVICECategory/  
Type

Transaction ID : SB17.1175

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

76.07

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 128 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CREATSEND.COM**

Mailing Address SUITE 11 INFORMATION AGE PARK

City	State	Zip Code
CLARE, IRELAND	ZZ	99999

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2015

Amount of Each Disbursement this Period

0.19
------

Transaction ID : SB17.1176

**B. NYC TAXI**

Mailing Address 33 BEAVER STREET

City	State	Zip Code
NEW YORK	NY	10004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2015

Amount of Each Disbursement this Period

15.96
-------

Transaction ID : SB17.1137

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2015

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.1138

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

41.15



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2015

Amount of Each Disbursement this Period

10.96
-------

Transaction ID : SB17.1139

**B. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2015

Amount of Each Disbursement this Period

0.98
------

Transaction ID : SB17.1098

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

7.95
------

Transaction ID : SB17.1017

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

19.89

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. COFFEE SPEKTOR**

Mailing Address 140 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

8.06
------

Transaction ID : SB17.1061

**B. NYC TAXI**

Mailing Address 33 BEAVER STREET

City	State	Zip Code
NEW YORK	NY	10004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

9.96
------

Transaction ID : SB17.1140

**C. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2015

Amount of Each Disbursement this Period

31.60
-------

Transaction ID : SB17.1099

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

49.62

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 131 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2015

Amount of Each Disbursement this Period

254.95
--------

Transaction ID : SB17.1019

**B. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2015

Amount of Each Disbursement this Period

18.45
-------

Transaction ID : SB17.1018

**C. GLEN BISTRO**

Mailing Address 132 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2015

Amount of Each Disbursement this Period

6.42
------

Transaction ID : SB17.1062

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

279.82

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. INTUIT**

Mailing Address 4055 CORPORATE DR STE 100

City	State	Zip Code
GRAPEVINE	TX	76051

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2015

Amount of Each Disbursement this Period

29.11
-------

Transaction ID : SB17.1118

**B. ANTHONY'S RESTAURANT**

Mailing Address 538 NY-3

City	State	Zip Code
PLATTSBURGH	NY	12901

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2015

Amount of Each Disbursement this Period

1848.94
---------

Transaction ID : SB17.1039

**C. COFFEE SPEKTOR**

Mailing Address 140 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2015

Amount of Each Disbursement this Period

8.91
------

Transaction ID : SB17.1063

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1886.96

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. MARK WLADIS**Mailing Address WLADIS LAW FIRM  
P.O. BOX 245

City SYRACUSE State NY Zip Code 13214-0245

Purpose of Disbursement  
INKIND- POSTAGE/PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2015

Amount of Each Disbursement this Period

630.51
--------

Transaction ID : SB17.I98

INKIND- POSTAGE/PRINTING

**B. HESS EXPRESS**

Mailing Address 7961 BREWERTON RD

City CICERO State NY Zip Code 13039

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2015

Amount of Each Disbursement this Period

33.15
-------

Transaction ID : SB17.1141

**C. NEW YORK RACING ASSOCIATION INC**

Mailing Address 11000 ROCKAWAY BLVD

City JAMAICA State NY Zip Code 11420

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2015

Amount of Each Disbursement this Period

56.00
-------

Transaction ID : SB17.1113

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

719.66

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. ADK CAFE**

Mailing Address 2837 NY-73 SCENIC

City	State	Zip Code
KEENE	NY	12942

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2015

Amount of Each Disbursement this Period

3123.04
---------

Transaction ID : SB17.1064

**B. HANNAFORD SUPERMARKET**

Mailing Address 175 BROAD ST

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

Amount of Each Disbursement this Period

54.97
-------

Transaction ID : SB17.1066

**C. HARVARD CLUB OF NEW YORK CITY**

Mailing Address PO BOX 9486

City	State	Zip Code
NEW YORK	NY	10087

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

Amount of Each Disbursement this Period

3046.11
---------

Transaction ID : SB17.1142

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3123.04

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 135 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. HUDSON HEADWATERS HEALTH FOUNDATION**

Mailing Address 9 CAREY ROAD

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB17.1114

**B. RESTAURANT ASSOCIATES**

Mailing Address PO BOX 417632

City	State	Zip Code
BOSTON	MA	02241

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Disbursement this Period

322.54
--------

Transaction ID : SB17.1065

**C. WILEY REIN LLP**

Mailing Address 1776 K ST NW

City	State	Zip Code
WASHINGTON	DC	20006

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.1082

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2972.54

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. EDWARD KRATOVIL**

Mailing Address 3300 N VERMONT ST

City	State	Zip Code
ARLINGTON	VA	22207

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2015

Amount of Each Disbursement this Period

302.39
--------

Transaction ID : SB17.1143B

**B. COMFORT INN & SUITES**

Mailing Address 17 OLD GICK RD

City	State	Zip Code
SARATOGA SPRINGS	NY	12866

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2015

Amount of Each Disbursement this Period

302.39
--------

Transaction ID : SB17.1144

[MEMO ITEM]

**C. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2015

Amount of Each Disbursement this Period

26.50
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Transaction ID : SB17.1020

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

328.89



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 137 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

798.00
--------

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICECategory/  
Type

Transaction ID : SB17.1029

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. HANNAFORD SUPERMARKET**

Mailing Address 175 BROAD ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

302.39
--------

Purpose of Disbursement  
FOOD/BEVERAGESCategory/  
Type

Transaction ID : SB17.1067

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. TALK OF THE TOWN RESTAURANT**

Mailing Address 74 HUDSON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

42.51
-------

Purpose of Disbursement  
FOOD/BEVERAGESCategory/  
Type

Transaction ID : SB17.1068

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1142.90

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 138 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. SARATOGA RACETRACK**

Mailing Address 267 UNION AVE

City	State	Zip Code
SARATOGA SPRINGS	NY	12866

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2015

Amount of Each Disbursement this Period

579.85
--------

Transaction ID : SB17.1040

**B. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2015

Amount of Each Disbursement this Period

55.68
-------

Transaction ID : SB17.1100

**C. CSC CAPITAL LLC**

Mailing Address 38 CONDON RD

City	State	Zip Code
STILLWATER	NY	12170

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2015

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.1045

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3135.53

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. FIRST NIAGARA BANK**

Mailing Address PO BOX 514

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2015

City	State	Zip Code
LOCKPORT	NY	14095

Amount of Each Disbursement this Period

104.94
--------

Purpose of Disbursement  
BANK FEESCategory/  
Type

Transaction ID : SB17.1002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. TALK OF THE TOWN RESTAURANT**

Mailing Address 74 HUDSON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

23.00
-------

Purpose of Disbursement  
FOOD/BEVERAGESCategory/  
Type

Transaction ID : SB17.1069

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

268.75
--------

Purpose of Disbursement  
CREDIT CARD MERCHANT FEESCategory/  
Type

Transaction ID : SB17.1021

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

396.69

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 140 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. RAUL'S MEXICAN GRILL**

Mailing Address 162 GLEN ST

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2015

Amount of Each Disbursement this Period

14.44
-------

Transaction ID : SB17.1070

**B. HAMPTON INN POTSDAM**

Mailing Address 169 MARKET ST

City	State	Zip Code
POTSDAM	NY	13676

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		24		2015

Amount of Each Disbursement this Period

178.32
--------

Transaction ID : SB17.1144666

**C. MARRIOTT SYRACUSE**

Mailing Address 300 WEST FAYETTE ST

City	State	Zip Code
SYRACUSE	NY	13202

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		24		2015

Amount of Each Disbursement this Period

145.77
--------

Transaction ID : SB17.1145

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

338.53

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. MARRIOTT SYRACUSE**

Mailing Address 300 WEST FAYETTE ST

City	State	Zip Code
SYRACUSE	NY	13202

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		24		2015

Amount of Each Disbursement this Period

145.77
--------

Transaction ID : SB17.1146

**B. HANNAFORD SUPERMARKET**

Mailing Address 175 BROAD ST

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

29.31
-------

Transaction ID : SB17.1071

**C. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2015

Amount of Each Disbursement this Period

119.49
--------

Transaction ID : SB17.1022

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

294.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**A. U-HAUL CENTER**

Mailing Address 6229 US 11

City	State	Zip Code
CANTON	NY	13617

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 26 / 2015

Amount of Each Disbursement this Period

109.95
--------

Transaction ID : SB17.1037

**B. MEGHAN DELTRY**

Mailing Address 10 B WINDY HILL

City	State	Zip Code
BALLSTON LAKE	NY	12019

Purpose of Disbursement  
TRAVEL- MILEAGE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 27 / 2015

Amount of Each Disbursement this Period

685.75
--------

Transaction ID : SB17.1162

**C. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST, SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 27 / 2015

Amount of Each Disbursement this Period

370.95
--------

Transaction ID : SB17.1072

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1166.65

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 143 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Mailing Address PO BOX 365

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 27 / 2015

Amount of Each Disbursement this Period

2100.00
---------

Transaction ID : SB17.1007

**B. PETE'S TRATTORIA**

Mailing Address 111 BREEN AVE

City	State	Zip Code
WATERTOWN	NY	13601

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 27 / 2015

Amount of Each Disbursement this Period

1477.43
---------

Transaction ID : SB17.1041

**c. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Disbursement this Period

7.08
------

Transaction ID : SB17.1101

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3584.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 144 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. MALTA DINER INC**

Mailing Address 2476 US 9

City	State	Zip Code
MALTA	NY	12020

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2015

Amount of Each Disbursement this Period

9.46
------

Transaction ID : SB17.1073

**B. TONY HARPERS PIZZA**

Mailing Address 3062 NY-28

City	State	Zip Code
OLD FORGE	NY	13420

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2015

Amount of Each Disbursement this Period

162.59
--------

Transaction ID : SB17.1074

**C. FIRST NIAGARA BANK**

Mailing Address PO BOX 514

City	State	Zip Code
LOCKPORT	NY	14095

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : SB17.1003

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

187.05



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 145 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

Amount of Each Disbursement this Period

7.95
------

Transaction ID : SB17.1024

**B. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

Amount of Each Disbursement this Period

162.87
--------

Transaction ID : SB17.1023

**C. GOOGLE.COM**

Mailing Address 345 SPEAR ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

Amount of Each Disbursement this Period

110.00
--------

Transaction ID : SB17.1177

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

280.82

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 02 / 2015

Amount of Each Disbursement this Period

10.96
-------

Transaction ID : SB17.1147

**B. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 02 / 2015

Amount of Each Disbursement this Period

25.98
-------

Transaction ID : SB17.1102

**C. NEW FRONTIER STRATEGY**

Mailing Address 315 KENTUCKY AVE

City	State	Zip Code
ALEXANDRIA	VA	22305

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Disbursement this Period

6000.00
---------

Transaction ID : SB17.1091

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6036.94

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 147 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CAPITOL HOST**

Mailing Address 5525 DORSEY LANE

City	State	Zip Code
BETHESDA	MD	20816

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Disbursement this Period

3772.78
---------

Transaction ID : SB17.1005

**B. INTUIT**

Full Name (Last, First, Middle Initial)

Mailing Address 4055 CORPORATE DR STE 100

City	State	Zip Code
GRAPEVINE	TX	76051

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 05 / 2015

Amount of Each Disbursement this Period

29.11
-------

Transaction ID : SB17.1119

**C. SOUTHWEST AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 2702 LOVE FIELD DR

City	State	Zip Code
DALLAS	TX	75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 05 / 2015

Amount of Each Disbursement this Period

285.00
--------

Transaction ID : SB17.1148

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4086.89

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 148 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**A. JACK MOULTON**

Mailing Address PO BOX 852

City	State	Zip Code
LAKE PLACID	NY	12946

Purpose of Disbursement  
TRAVEL- MILEAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2015

Amount of Each Disbursement this Period

331.40
--------

Transaction ID : SB17.1149

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2015

Amount of Each Disbursement this Period

131.41
--------

Transaction ID : SB17.1025

**C. ESSEX COUNTY REP. COMM.**

Mailing Address 908 MIDDLE RD

City	State	Zip Code
WILLSBORO	NY	12996

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2015

Amount of Each Disbursement this Period

85.00
-------

Transaction ID : SB17.1083

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

547.81

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 149 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. FRANKLIN COUNTY REPUBLICAN COMM**

Mailing Address PO BOX 216

City	State	Zip Code
MALONE	NY	12953

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2015

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.1115

**B. HERKIMER COUNTY REPUBLICAN COMM**

Mailing Address PO BOX 124

City	State	Zip Code
HERKIMER	NY	13350

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2015

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.1116

**c. I360 LLC**

Mailing Address PO BOX 37046

City	State	Zip Code
BALTIMORE	MD	21297

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2015

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.1120

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

650.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 150 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address 2702 LOVE FIELD DR

City	State	Zip Code
DALLAS	TX	75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Amount of Each Disbursement this Period

79.00
-------

Transaction ID : SB17.1150

**B. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Amount of Each Disbursement this Period

46.10
-------

Transaction ID : SB17.1103

**C. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City	State	Zip Code
DFW AIRPORT	TX	75261

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

88.10
-------

Transaction ID : SB17.1151

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

213.20

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 151 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City	State	Zip Code
DFW AIRPORT	TX	75261

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

13.96
-------

Transaction ID : SB17.1152

**B. HYATT PLACE CHICAGO**

Mailing Address 28 NORTH FRANKLIN STREET

City	State	Zip Code
CHICAGO	IL	60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

237.44
--------

Transaction ID : SB17.1153

**C. TALK OF THE TOWN RESTAURANT**

Mailing Address 74 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

11.75
-------

Transaction ID : SB17.1075

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

263.15

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 152 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 16 HUDSON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

6.10
------

Purpose of Disbursement  
POSTAGECategory/  
Type

Transaction ID : SB17.1104

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 752 UPPERGLEN ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2015

City	State	Zip Code
QUEENSBURY	NY	12804

Amount of Each Disbursement this Period

367.76
--------

Purpose of Disbursement  
OFFICE SUPPLIESCategory/  
Type

Transaction ID : SB17.1086

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 16 HUDSON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

246.49
--------

Purpose of Disbursement  
POSTAGECategory/  
Type

Transaction ID : SB17.1105

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

620.35



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 153 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2015

Amount of Each Disbursement this Period

798.00
--------

Transaction ID : SB17.1030

**B. FIRST NIAGARA BANK**

Mailing Address PO BOX 514

City	State	Zip Code
LOCKPORT	NY	14095

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2015

Amount of Each Disbursement this Period

111.40
--------

Transaction ID : SB17.1004

**C. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST, SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2015

Amount of Each Disbursement this Period

67.50
-------

Transaction ID : SB17.1076

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

976.90

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 154 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

27.45
-------

Purpose of Disbursement  
CREDIT CARD MERCHANT FEESCategory/  
Type

Transaction ID : SB17.1026

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 16 HUDSON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

45.53
-------

Purpose of Disbursement  
POSTAGECategory/  
Type

Transaction ID : SB17.1106

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. JACK MOULTON**

Mailing Address 1465 CASTLERIDGE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

City	State	Zip Code
CASTLETON	NY	12033

Amount of Each Disbursement this Period

1189.70
---------

Purpose of Disbursement  
PAYROLLCategory/  
Type

Transaction ID : SB17.1087

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1262.68

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 155 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address PO BOX 842875

City	State	Zip Code
BOSTON	MA	02284

Purpose of Disbursement  
PAYROLL TAXES/SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Amount of Each Disbursement this Period

494.25
--------

Transaction ID : SB17.1088

**B. HERKIMER COUNTY REPUBLICAN COMMITTEE**

Mailing Address PO BOX 124

City	State	Zip Code
HERKIMER	NY	13350

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.1084

**C. IMGE LLC**

Mailing Address 603 KING ST 4TH FL

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Amount of Each Disbursement this Period

4616.36
---------

Transaction ID : SB17.1178

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5210.61

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 156 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address 2702 LOVE FIELD DR

City	State	Zip Code
DALLAS	TX	75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2015

Amount of Each Disbursement this Period

307.01
--------

Transaction ID : SB17.1154

**B. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2015

Amount of Each Disbursement this Period

159.98
--------

Transaction ID : SB17.1107

**C. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2015

Amount of Each Disbursement this Period

32.62
-------

Transaction ID : SB17.1027

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

499.61

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 157 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. NICK & SAM'S STEAKHOUSE**

Mailing Address 3008 MAPLE AVE

City	State	Zip Code
DALLAS	TX	75201

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2015

Amount of Each Disbursement this Period

95.92
-------

Transaction ID : SB17.1078

**B. SEVY'S GRILL**

Mailing Address 8201 PRESTON RD

City	State	Zip Code
DALLAS	TX	75225

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2015

Amount of Each Disbursement this Period

80.12
-------

Transaction ID : SB17.1077

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2015

Amount of Each Disbursement this Period

17.44
-------

Transaction ID : SB17.1155

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

193.44

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 158 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. MARRIOTT HOUSTON**

Mailing Address 18700 JOHN F KENNEDY BLVD

City	State	Zip Code
HOUSTON	TX	77032

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2015

Amount of Each Disbursement this Period

141.57
--------

Transaction ID : SB17.1157

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2015

Amount of Each Disbursement this Period

36.00
-------

Transaction ID : SB17.1156

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2015

Amount of Each Disbursement this Period

77.00
-------

Transaction ID : SB17.1158

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

254.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 159 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2015

Amount of Each Disbursement this Period

8.34
------

Transaction ID : SB17.1108

**B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Mailing Address PO BOX 365

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2015

Amount of Each Disbursement this Period

2100.00
---------

Transaction ID : SB17.1008

**C. GARDEN HILTON DALLAS**

Mailing Address 2001 VALLEY VIEW LANE

City	State	Zip Code
IRVING	TX	75061

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2015

Amount of Each Disbursement this Period

143.75
--------

Transaction ID : SB17.1159

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2252.09

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 160 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2015

Amount of Each Disbursement this Period

19.99
-------

Transaction ID : SB17.1109

**B. COFFEE SPEKTOR**

Mailing Address 140 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2015

Amount of Each Disbursement this Period

28.37
-------

Transaction ID : SB17.1079

**C. U-HAUL CENTER**

Mailing Address 6229 US 11

City	State	Zip Code
CANTON	NY	13617

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		28		2015

Amount of Each Disbursement this Period

109.95
--------

Transaction ID : SB17.1038

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

158.31



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 161 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address PO BOX 842875

City	State	Zip Code
BOSTON	MA	02284

Purpose of Disbursement  
PAYROLL TAXES/SERVICE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

Amount of Each Disbursement this Period

167.96
--------

Transaction ID : SB17.1089

**B. ENTERPRISE RENT A CAR**

Mailing Address 600 CORPORATE PARK DRIVE

City	State	Zip Code
ST LOUIS	MO	63105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

Amount of Each Disbursement this Period

141.73
--------

Transaction ID : SB17.1160

**C. SALAMANDER RESORT & SPA**

Mailing Address 500 N PENDLETON STREET

City	State	Zip Code
MIDDLEBURG	VA	20117

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

Amount of Each Disbursement this Period

369.74
--------

Transaction ID : SB17.1161

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

679.43

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 162 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. JAMES D. DURANTE**

Mailing Address PO BOX 183

City	State	Zip Code
LAKE GEORGE	NY	12845-0183

Purpose of Disbursement  
INKIND- FOOD/BEVERAGES

Candidate Name

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Disbursement this Period

539.75
--------

Transaction ID : SB17.I97

INKIND- FOOD/BEVERAGES

**B. ART LUSSI**

Mailing Address 166 AVERYVILLE LANE

City	State	Zip Code
LAKE PLACID	NY	12946-3008

Purpose of Disbursement  
INKIND- FOOD/BEVERAGES

Candidate Name

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Disbursement this Period

743.40
--------

Transaction ID : SB17.I96

INKIND- FOOD/BEVERAGES

**C. ADK CAFE**

Mailing Address 2837 NY-73 SCENIC

City	State	Zip Code
KEENE	NY	12942

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Disbursement this Period

5.16
------

Transaction ID : SB17.1080

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1288.31

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 163 OF 165

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

97.51
-------

Candidate Name

Transaction ID : SB17.1028

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 16 HUDSON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

Purpose of Disbursement  
POSTAGE

208.48
--------

Candidate Name

Transaction ID : SB17.1110

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

305.99

108631.83



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 165 OF 165

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Elise for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**NEW FRONTIER STRATEGY**

Nature of Debt (Purpose):

**POLITICAL STRATEGY CONSULTING**

Mailing Address 315 KENTUCKY AVE

City State

ALEXANDRIA

Zip Code

VA

22305

Outstanding Balance Beginning This Period

35000.00

**Transaction ID : SD10.345**

Amount Incurred This Period

0.00

Payment This Period

9500.00

Outstanding Balance at Close of This Period

25500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**THE TOWNSEND GROUP**

Nature of Debt (Purpose):

**FINANCE CONSULTING/TRAVEL**

Mailing Address 1006 PENDLETON STREET

City State

ALEXANDRIA

Zip Code

VA

22314

Outstanding Balance Beginning This Period

0.00

**Transaction ID : SD10.788**

Amount Incurred This Period

39572.67

Payment This Period

15375.77

Outstanding Balance at Close of This Period

24196.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ►

49696.90

2) **TOTALS** This Period (last page this line number only) ..... ►

49696.90

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

49696.90